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The study was undertaken to assess the needs of and facilities for professional nurse education in the 14-county region of Southern New York in order to provide direction for future planning. The information used in the study was a composite of: (1) available statistics, (2) data collected from 855 study participants through interviews, group discussions, and questionnaires, and (3) data obtained by surveying the educational and residence facilities of 39 of the 60 nursing schools in the region offering initial professional nursing educational programs in 1963-64. In all, 40,500 were currently employed and an additional 14,500 were estimated to be needed. By 1975, another 4,000 will be required in spite of increases in graduating classes. Fifteen recommendations include the following: (1) employer assessment of nurse utilization and working conditions, (2) greater hospital responsibility for selection and in-service training of workers employed to assist professional and technical personnel, (3) educational programs to assist out-of-country nurses to become licensed, (4) legislation providing assistance to nursing education, and (5) a crash recruitment program. (JK)

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STUDY OF NURSE EDUCATION NEEDS
in the
SOUTHERN NEW YORK REGION .

HOSPITAL REVIEW AND PLANNING COUNCIL of SOUTHERN NEW YORK, Inc.

in cooperation with

NATIONAL LEAGUE FOR NURSING and
DIVISION OF NURSING, UNITED STATES PUBLIC HEALTH SERVICE

April, 1967

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THE STUDY OF NURSE EDUCATION NEEDS IN SOUTHERN NEW YORK

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FOREWORD

The 14-county region of Southern New York is a center of medical progress. It has more than 25,000 physicians; 10 city and county health departments; 251 hospitals which furnished more than 42 million days of care in 1965; and seven medical schools, with an eighth proposed for the near future.

The region also counts among its health resources more than 60 professional nursing school programs; yet it is beset with nurse shortages of such magnitude that output of its educational programs in nursing falls alarmingly short of meeting the need. In fact, the shortage of professional nursing personnel in the 14-county region has reached crisis proportions. Many temporary measures have been taken to relieve the situation, but it is obvious that any attempt to solve the problem must be on a long-range basis reaching deep into the educational structure of professional nursing education.

Therefore, an assessment of professional nursing education needs in the Southern New York region is both necessary and timely. Previous studies of nursing education needs in the Nation and in New York State can not be expected to reveal the characteristics and resulting needs of a specific region, particularly so unique an area as the fourteen counties comprising the Southern New York State area. The shortage of professional nurses in the region is well known but the dimensions of the shortage have been more a matter of speculation than precise measurements. Moreover, many individuals and groups have offered solutions which were usually more an expression of their own experiences or affiliations than the result of systematic study of the problem or its remedies.

When it became obvious that both facts and a plan for action were needed--there only remained the question of who would undertake the responsibility for such an undertaking.

The Hospital Review and Planning Council of Southern New York, Inc., entered the scene in the summer of 1964 because of its interest in appraising and improving existing facilities for the education of nurses in its area. At the time, Congress was considering legislation that would provide funds to assist in the construction of nursing education facilities. It was anticipated that much state and regional planning would be required, if these funds were to be used in a manner that would improve not only educational facilities but also the quality of nursing education programs offered throughout the nation.

It seemed only natural that the Hospital Review and Planning Council of Southern New York, Inc., should turn to the National League for Nursing and to the United States Public Health Service for advice and assistance in a special study of nursing education needs in its region. The two national organizations had previously collaborated in a study that resulted in the report Nursing Education Facilities--Programming Considerations and Architectural Guide, published in 1964.

Both the General Director of the National League for Nursing and the Chief of the Division of Nursing of the Public Health Service agreed that the study was needed and promised on behalf of their organizations to cooperate in the venture. Since a few regional studies had been conducted in the past, they foresaw that the findings of the project would suggest valuable guidelines for use by other planning groups. The cooperating agencies believed it essential to involve throughout the Study of Nurse Education Needs representatives of all groups that must ultimately effect needed change. Consequently a number of persons concerned with nursing service or nursing education, or who were experts in particular aspects of nursing, were invited to serve on a Special Committee on Nurse Education Needs to provide guidance and assistance. All invitations to serve on the Committee were accepted.

Without the help of the two organizations and the personal commitment of many other individuals who served on the committee which guided the study, it would probably never have been undertaken. Certainly, without their continuing encouragement, it would never have developed into the comprehensive analysis of nursing education needs that is presented in this document. The Council acknowledges its gratitude to the members of this committee and to the many persons in hospitals and institutions who participated in this important study.

The report that follows emphasizes the need to increase the supply of nurses graduating from nursing programs of all types - diploma, associate, baccalaureate and masters degree - at the same time that their quality is maintained or improved. The schools cannot do this without the help of the community at large and without the cooperation of .hospitals, public health agencies, the medical profession and other interested groups throughout the region. Cooperative action is therefore the only solution to the admittedly difficult problem of overcoming the growing shortage of nursing personnel. The report offers some specific recommendations in this regard.

Thomas J. Ross
Chairman of the Board

Jack C. Haldeman, M.D.
President

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.
THE STUDY OF NURSE EDUCATION NEEDS IN SOUTHERN NEW YORK

SUMMARY

This study of nurse education needs was undertaken to assess the needs of, and facilities for, professional nurse education in the 14-county region of Southern New York and to give direction for future planning for educational programs in the area. The information used in the study was a composite of available statistics, data that were collected from 855 study participants by means of interviews, group discussions and questionnaires, and data that were obtained by surveying the educational and residence facilities of 39 of the 60 nursing schools in the Southern New York region offering initial professional nursing programs in 1963-1964.

Because of the great interdependency of nursing service and nursing education the first section of the report deals exclusively with the present and projected needs for nursing service. The remaining sections of the report are concerned with the nursing programs of the Southern New York region and the potential of these programs for meeting the needs of nursing service.

I. REGISTERED NURSES IN THE SOUTHERN NEW YORK REGION SHORTAGES AND POTENTIAL

The shortage of registered nurses in the fourteen counties of the Southern New York region continues to increase. Although 40,500 are currently employed an estimated additional 14,500 are needed. By 1975 another 4,000 professional nurses will be required. Unless the potential nurse power of the region becomes actual nurse power, the deficit will then total 18,500.

The hospitals are the greatest consumer of nursing services — 25,000 professional nurses are employed in hospitals; 15,000 in the other health services. The requirements of the hospitals are the greatest in the New York City area where the great medical centers serve not only the needs of the metropolitan population but attract patients from outside the region.

Of the Nurses Employed in Hospitals:

71 per cent (18,000) of all registered nurses are employed in the hospitals of New York City;

18 per cent (4,500) work in the Northern Metropolitan area;

11 per cent (3,050) work in the Long Island area.

The Annual Turnover of Nurses creates as many vacancies as the graduates of the professional schools can now fill. In 1964-1965:

2,100 registered nurses left positions in the region, while during this same period, only

1,925 (or 68 per cent) of the 2,816 graduates of professional schools of nursing in 1964-1965 accepted positions in the region.

Registered nurses fill only one-third of the nursing positions in the Southern New York region in contrast to 38 per cent for the nation as a whole:

41.5 per cent of the nursing positions in the voluntary hospitals are filled by registered nurses;

25.2 per cent of the nursing positions in governmental hospitals including state and federal are filled by registered nurses;

21.6 per cent of the nursing positions in proprietary hospitals are filled by registered nurses.

Registered nurses take a dim view of the status and practice of nursing in the Southern New York region. Some 800 nurses — directors of nursing service, head nurses, staff nurses, students and faculty — participated in the study of Nurse Education Needs. Throughout the study there is repeated reference to their dissatisfaction with nursing care given to patients, the activities performed by the professional nurse, the status and salaries of nurses, the lack of personal safety for the nurses working in many urban hospitals and the employment of non-nursing personnel to compensate for shortages of professional nurses.

Inactive registered professional nurses in the region could resolve many of the problems of the current nursing dilemma, were they employed in full time positions; yet at this time the vast majority do not view themselves as potential workers. Currently an estimated 14,000 inactive registered nurses live in the Southern New York region. Of this number more than 90 per cent are married and have family obligations that reputedly keep them from accepting positions as nurses. The findings of a 1961 U.S. Public Health Service survey of inactive nurses in 12 states showed a more promising picture with 44 per cent planning to return to active practice even though ninety per cent of this group were also married nurses. Using this study as a basis for prediction, more than 6,000 inactive nurses in the Southern New York region might be attracted to nursing positions over a period of years.

OTHER RESOURCES

Graduates from professional nursing programs are the major source of additional employees. The number of students graduating each year from nursing programs has increased significantly over the past five-year period. In 1960-1961, there were 1,904 graduates from diploma, associate degree and baccalaureate programs in nursing; in 1964-1965 there were 2,816, an increase of 48 per cent. During this same period the number of professional programs increased from 55 to 61. Yet, despite the augmented supply, the need for additional nurses remained unmet.

The shortage of registered nurses and the nurses' view of nursing in the Southern New York area, constitute a vicious cycle. The longer the existence of and progressively greater the amount of shortage, the greater the dissatisfaction of the nurses and the less likelihood there is of recruiting new graduates and registered nurses from other parts of the nation. The major potentials for interrupting this cycle are three-fold: the preparation of more nurses, the recruitment of inactive nurses, and the improvement of situations in which nurses practice their profession and live.

II. NURSING SCHOOLS
THE KEY TO THE DILEMMA IN NURSING SERVICE

It is the schools of nursing in the Southern New York region that are the master key to providing more nurses and thus resolving the dilemma of nursing shortages. Hence the potential of the schools, the obstacles blocking the educational preparation of nurses, and the resources that must be mobilized to vitalize nursing education must become of paramount concern to nurses themselves, to the consumers of nursing, and to the citizenry responsible for the planning and provision of health services to the community.

THE STUDENTS

ADMISSIONS

The proportion of students admitted to the various types of professional nursing programs is shifting in the Southern New York region. Currently 70 per cent of all students are admitted to diploma nursing programs, 18 per cent to associate degree and 12 per cent to baccalaureate and higher degree programs. Five years ago, approximately 80 per cent were admitted to diploma nursing programs, six per cent to associate degree and 15 per cent to baccalaureate programs. Except for the diploma programs this is in direct contrast to the national scene where in 1964-1965, 69 per cent were admitted to diploma programs, 11 per cent to the associate degree and 20 per cent to baccalaureate nursing programs, while in 1960-1961 the three programs admitted 78 per cent, four per cent and 18 per cent respectively.

GRADUATIONS

Graduations from initial professional programs in nursing in the Southern New York region increased markedly over the past five years and were in sharp contrast with the slower rate of gain in the nation as a whole.[1] Whereas graduations in the region increased from 1,904 to 2,816 (a gain of 912, or 47.9 per cent), graduations throughout the nation increased from 30,267 to 34,686 (a gain of only 4,419 or 14.5 per cent). In the region, five years ago, 80 per cent of the graduations were from diploma programs, five per cent from the associate degree and 15 per cent from the baccalaureate and higher degree programs. By 1965 the proportions had shifted to about 77 per cent, 11 per cent and 12 per cent respectively from the three types of program. The following table shows the actual shift in numbers of graduations and percentage of increase in the three programs in the five years.

Students Graduated from Professional Nursing Programs, by Type of Program
Southern New York Region, 1960-61 and 1964-65

	Type of Program			
Year	Diploma	Associate Degree	Baccaleaurate and Higher Degree	All Programs
1960-61	1,530	86	288	1,904
1964-65	2,185	298	333	2,816
Per cent increase	+ 42.8	+ 246.5	+ 15.6	+ 47.9

DIPLOMA NURSING PROGRAMS

The study findings show that:

1. Approximately one-third of students had selected a particular program because of the reputation of the school or hospital and another third were influenced by the personal interest shown in them by the faculty when applying for admission.

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[1] Initial professional programs — programs leading to a baccalaureate degree, an associate degree, or to a diploma in nursing that are offered by nursing schools approved by the appropriate state Board of Nursing.

2. Programs accredited by the National League for Nursing prepared 92 per cent of all students graduating from diploma programs in 1964-1965. The average number of graduates from NLN accredited programs was 74.6 in contrast with 25 from non-accredited programs offered by general hospitals and 12 from programs offered by state hospitals.

3. Approximately one-third of the hospital schools have shortened the length of the program.

4. The median attrition rates for classes admitted in 1961-1962 and graduating in 1964-1965 was 29 per cent. Students reported that the major causes of student withdrawal were: disillusionment with nursing as it was practiced in the hospital, the heavy schedule of classroom instruction and clinical practice, and the poor interpersonal relationships of faculty and hospital personnel. Faculty felt that the quality of nursing practice, loss of interest and the progressively poorer image of the diploma programs caused students to withdraw.

5. One-half of the students planned to practice nursing in the area for at least five years.

6. Student and faculty suggestions for improvement of the program included: (a) improvement of physical facilities for the educational program and for student residence; (b) improvement of facilities for giving patient care; and (c) increased number of faculty.

Other findings of the study that relate to diploma nursing programs are specific to either the programs conducted by general hospitals or to programs offered by state psychiatric hospitals and are summarized in the following sections.

PROGRAMS OFFERED BY 35 GENERAL HOSPITALS

1. The faculty teaching in these programs have better educational preparation than did those teaching in the diploma programs throughout the country. Even so, two-thirds hold less than a masters degree and do not have the educational preparation for teaching recommended by either the American Nurses Association as the professional organization or by the National League for Nursing as the national accrediting agency.

2. There is increasing difficulty in recruiting well-prepared faculty to teach clinical nursing, even though the proportion of unfilled budgeted positions is less here than elsewhere in the country.

3. Twenty-six of the thirty-five programs conducted by general hospitals continue to have the basic sciences taught in the school of nursing. Both nurse and non-nurse teachers are used. (Junior or senior colleges teach the sciences for seven programs; no information was provided by two programs.)

4. There is no future source of supply for nurse faculty members prepared to teach sciences in schools of nursing, as the programs formerly preparing these teachers have been discontinued.

5. The twenty-four diploma programs that are accredited by the National League for Nursing account for approximately four-fifths of all admissions and more than nine-tenths of the graduations from the 45 hospital nursing programs.

PROGRAMS OFFERED BY 10 STATE PSYCHIATRIC HOSPITALS

The diploma programs offered by the 10 state psychiatric hospitals are small, extremely costly to the State, and none are accredited by the National League for Nursing.

It is the State hospital schools that have the highest ratio of faculty to students, the highest ratio of drop-outs and the fewest number of graduates. In 1964-1965 a total of 119 students were graduated from the 10 schools — an average of 12 per program.

At this time there is obvious need for re-evaluation of the contribution made by the state hospital programs since these programs attract few students yet require an excessive expenditure of funds and number of faculty.

Throughout the years the hospital nursing schools have prepared a continuously increasing number of nurses for the Southern New York region. Yet it is these schools that must now look critically at their programs if they are to continue to grow and to attract the quality of applicant they desire. The further improvement of these programs becomes a dual responsibility of hospital and school and in most instances entails the upgrading of faculty preparation and improvement of patient care.

ASSOCIATE DEGREE PROGRAMS IN NURSING

The study shows that the associate degree programs in the Southern New York region are rapidly accelerating in rate of growth and that the faculty teaching in these programs are academically well-prepared for the positions they hold in comparison with those teaching elsewhere in the country. The nearness to home, the length of the program, the curriculum and the environment of the community college are attractive to students.

The study indicated that in the region's 13 associate degree programs:

1. The recruitment of qualified students presents no problem.

2. More than three-fourths of the students stated that nearness to home was the major reason for selecting the program.

3. The attrition rates of the associate degree programs are higher in the New York region than in the nation as a whole. (The attrition rate for classes admitted to nine programs in September 1963 and graduated in 1965 was 51.3 per cent in contrast to 43.3 for the total nation).

4. A majority of students said that the extremely heavy class and clinical practice schedule coupled with the time spent in travel was responsible for the withdrawal of desirable students. The next largest group said that disillusionment with nursing practice was the cause of drop-outs. It was faculty opinion that loss of interest and marriages were the major factors causing drop-outs.

Two-thirds of the students plan to practice in the region at least five years.

Student suggestions for improvement of program were: (a) improved clinical areas, more teachers and better facilities for patient care; (b) improved classroom facilities and a laboratory for practicing nursing procedure; and (c) scholarship aid. Although the recruitment of faculty is not difficult in the metropolitan areas of the Southern New York region, faculty suggestions for improvement included higher salaries, improved physical faciltiies and more clinical instructors.

The faculty teaching in the 13 associate degree programs are academically well prepared; 3.4 per cent have doctoral degrees; 91.4 per cent masters; 5.2 per cent baccalaureate degrees.

The typical associate degree program (nine of the 13) is situated in a community college whose campus is removed from highly populated areas, physically remote from large medical centers, and the hospital facilities closest to campus are already used to provide clinical experience for students in hospital and practical nursing programs.

The associate degree programs use more hospitals for student experience than do the baccalaureate and diploma programs. However, there appears to be little or no relationship between size of program, number of faculty and number of hospitals used for experience. The number of small hospitals in the Northern Metropolitan and Long Island areas may account for the use of a greater number of hospitals.

The associate degree programs in nursing have flourished in the Southern New York region during the past five years, and recent planning on the part of the colleges gives assurance that both number of programs and student enrollment will grow. An increased number of programs and the expansion of existing programs in the metropolitan areas seem warranted when the facilities, finances and faculty of the college permit and where suitable clinical areas and public transportation are available. Any increase of programs in the less densely populated areas should be extremely well planned to assure that adequate clinical teaching facilities are within a reasonable travel and time schedule for students.

The increasing proportion of drop-outs suggests the need for careful evaluation of admission practices, courses of study, clinical experience and student schedules. Nursing can ill afford to have one-half of the admitted students fail to complete the nursing program.

BACCALAUREATE AND HIGHER DEGREE PROGRAMS[1]

The contribution of the senior colleges and universities to nursing education in the Southern New York region is in startling contrast to the community resources at their command. Unlike the nation as a whole, the proportion of students graduating from the baccalaureate and higher degree programs that prepare students for initial practice of professional nursing has decreased over the past five years, a period when the need for professional nurses with initial and advanced preparation far exceeded the supply.

Within the metropolitan area, the recruiting of adequate numbers of faculty and obtaining areas for clinical experience for students are not major problems. The clinical resources of major medical centers are relatively untapped by senior colleges and universities, and the public health resources of the community have not approached maximal utilization for student experience. At the beginning of the study there were no well-formulated plans for the expansion of existing baccalaureate programs or for the establishment of new programs. Since the study data were collected, both the State University of New York and the City University have stated proposals for developing new nursing programs in the colleges and universities under their jurisdiction in the Southern New York region. (Hunter College, under the latter auspices, is planning to greatly expand its present baccalaureate program.)

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[1] Eight of the nine colleges and universities that offer initial professional nursing programs award baccalaureate degrees; one accepts only college graduates and awards a masters degree.

Study findings indicate that:

1. Students were most frequently attracted to the region by cultural advantages of the area and the reputation of the school.

2. Students and faculty alike expressed the belief that the major reason that students withdrew from the programs was because of disillusionment with the type of nursing care given in the clinical areas in contrast with what they had been taught.

3. The number of students graduating from baccalaureate programs in nursing increased each year from 288 in 1960-1961 to 333 in 1964-1965, but the proportion of baccalaureate students graduating from all types of initial professional programs decreased from 15 to 12 per cent.

4. Less than one-fifth of those students planned to practice in the region at least five years.

5. Student suggestions for improvement of the program included more faculty in the clinical areas, increased scholarship aid, and new or improved classrooms, laboratories and residences. Faculty agreed with students but included increased teachers' salaries and benefits as additional ways of improving programs.

6. Directors of these programs did not express concern regarding the recruitment of qualified faculty. The relatively few budgeted vacancies substantiate their confidence.

7. The educational preparation of faculty teaching in baccalaureate programs in the Southern New York region is superior to that of faculty teaching in the associate degree or diploma program. Of the total, 11 per cent held doctoral degrees, 86 per cent masters, and three per cent baccalaurate degrees.

8. Directors and faculty members cite two major obstacles in recruiting students for baccalaureate programs: (1) the public image of nursing education in the region tends to be one of "on-the-job training" in a service institution and (2) that practically none of the region's employers provide any salary differentiation between the nurse who obtains her basic preparation in a baccalaureate program and the nurse who obtains her preparation in one of the other types of basic program.

Baccalaureate Programs Admitting Registered Nurse Students

The number of basic students graduating from baccalaureate programs in nursing is augmented each year by registered nurse students who complete these programs. This latter group, however, has shown a continuing decline over the past five-year period. In 1960-1961, six colleges and universities graduated a total of 391 registered nurses who had completed a baccalaureate program in nursing. This number decreased to 240 in 1964-1965.

The marked decrease in registered nurse students graduating from these programs during the past five years has more than offset the number of basic students graduating from the baccalaureate programs. Yet it is the baccalaureate programs that are the feeder programs for graduate study and the only ones that include preparation for the vastly expanded fields of public health nursing. At a time when the dearth of professional nurses is extremely critical, it is imperative that the colleges and universities of the Southern New York region take action that will result in an increasing flow of baccalaureate graduates into the region.

MASTERS PROGRAMS

It is the graduate programs throughout the nation that provide advanced preparation for teaching, supervision, administration and research. Although enrollments in the masters degree programs in the Southern New York region have increased during each of the past two years, the number of graduates from these programs has decreased steadily over the past five years. In 1960-1961, the total number of graduates from the six masters programs in nursing in the region was 294 in contrast to 240 in 1964-1965. Elsewhere in the nation graduates from masters programs increased from 1,009 in 1960-1961 to 1,379 in 1964-1965 — an increase of 370.

The decreased number of graduates from masters programs paralleled timewise the decrease in numbers of registered nurses who were graduated from baccalaureate programs in the region. It is unlikely that the two events were purely coincidental since the findings of the study "Masters Education in Nursing" (Jean Campbell, National League for Nursing, 1964) suggest that the registered nurse students who are graduates of baccalaureate nursing programs are more likely than are the basic students to progress directly into graduate programs.

The students in masters programs come from and return to all sections of the nation and are urgently needed as teachers for the nursing schools, and as supervisors and administrators of nursing services, therefore it is urgent that enrollments in masters programs be increased and that this increase be reflected in the annual output of graduates.

NURSING EDUCATION FACILITIES

Since the purpose of the study was to assess the needs of, and the facilities for, professional nurse education in the Southern New York region it was essential to survey the existing facilities and to estimate the need for renovation of old facilities or the construction of new. General comments relating to need for, and the use of space follow:

1. Space set aside for seldom used, small rooms for entertaining visitors ("beaux parlors") and excessively large recreation rooms could be re-converted into space much needed for other purposes.

2. Schools frequently duplicate services available in the community by providing beauty parlors, laundry rooms, and numerous kitchens for snacks.

3. Science, nutrition and nursing arts laboratories that are unused could be reconverted for other purposes.

4. Hospital schools frequently duplicate services already provided by the hospitals. A majority of the schools had student health services and approximately half had student infirmaries separate from those of the hospital.

5. Each of the hospital schools had residence facilities for students. The directors of most of the programs felt that student residences were essential. The reasons most frequently cited for retaining or building residences were (a) the ability to attract students, (b) the physical safety of the student and (c) the necessity of assisting students to mature by removing them from the environment of the home. These reasons were given by the directors of nursing programs; they bore no seeming relationship to whether the students were from the local community or elsewhere.

6. Nursing arts laboratories have been dispensed with by three hospital schools because of the artificiality of practice, and antiquated equipment. All other diploma programs still retain them.

7. The survey confirmed the need for additional and more adequate office, classroom and storage space and made evident the need for reevaluation of use of existing space.

The need for residences, class and conference rooms, as well as for offices cannot be determined solely by a survey of the educational plant of the school. Such surveys must be supplemented by an appraisal of space available for students in other residences (when the institution offering the program is a college or university), and by surveys of the conference, classroom and office space available to the school of nursing within the hospitals and agencies used for student experience.

It is obvious that the educational facilities and the student residences are, in many instances, out-dated or are inadequate to accommodate either present or expanded enrollments of professional nursing programs. Therefore, it is essential that there be regionwide planning and program implementation to assure that the buildings themselves do not become a major factor in limiting enrollments.

RECOMMENDATIONS

The serious shortage of registered nurses in the Southern New York region — an estimated 14,500 at present and an additional 4,000 forecasted in 1975 — makes it imperative to inform professional organizations, administrative officers of hospitals, colleges and universities, appropriate officials of city and state government, and citizen groups that are concerned with health care, of the urgent need for more professional nurses. These groups can then take action to mobilize the latent resources of the region.

The Council study repeatedly points out that nurses, both students and graduates, are not satisfied with the image of nursing or with the image of the professional nurse. Both groups are dissatisfied with the nursing care of patients and with the conditions of work.

Hence the recommendations of this report are twofold — those designed to increase the supply of professional nurses and those designed to retain the professional nurse by changing the activities of the nurse and the image of nursing.

To increase the supply of professional nurses it is essential that existing nursing programs (diploma, associate degree, baccalaureate and masters) having National League for Nursing accreditation, or programs of quality that would warrant accreditation, expand their enrollments and upgrade the quality of their programs. New programs of quality are also needed. All programs must work closely with the administrative and nursing personnel of hospitals and public health agencies to improve the care of patients and thus improve the clinical experience of the students. It is also essential to augment the supply of professional nurses by drawing inactive nurses into the active practice of nursing.

The foregoing statement is in accord with the principles expressed in the joint statement on community planning for nursing education of the American Nurses Association and the National League for Nursing which was accepted in September 1966 and which states: "The ANA and NLN both believe that guaranteeing the continuity and character of the nursing supply transcends the nursing profession itself. Educational, health, and welfare authorities, professional and volunteer groups in the health field and community planning bodies must plan and work cooperatively with nursing to insure an adequate nursing supply. Careful planning on the community level should precede any action to transfer or to develop new or different programs".

But a general call for cooperative action will not necessarily achieve the goals outlined in this report. Specific action is essential by each of the various organizations, institutions, and groups concerned with health care in the Southern New York region and by legislators and professional groups at the State level. Working together, with each contributing its part, the various groups to whom the following recommendations are addressed can overcome the need for more nurses and can provide necessary educational resources and opportunities, along with the inducements and satisfactions, so essential to attract, prepare, recruit and retain the nurses of tomorrow.

The Hospital Review and Planning Council of Southern New York makes the following recommendations.

I. BASIC TO ANY OTHER ACTION EMPLOYERS OF PROFESSIONAL NURSES, PARTICULARLY HOSPITALS AND INPATIENT CARE INSTITUTIONS SHOULD ASSESS CRITICALLY THE NURSING CARE OF PATIENTS, THE UTILIZATION OF PROFESSIONAL NURSING AND THE WORKING CONDITIONS FOR NURSES EMPLOYED BY THEM.

The Council Study of Nurse Education Needs repeatedly points out the misuse of the skills of professional nurses, and the nurses' dissatisfaction with the quality of nursing care and with the conditions of employment. This very real predicament has resulted in considerable disillusionment and drop-outs of students in nursing and has penalized highly capable nurses in pursuing their professional careers. Its solution poses a serious challenge to hospitals and other employers of professional nurses.

The Hospital Review and Planning Council of Southern New York urges the hospitals and health agencies in its region to analyze policies and practices affecting nurses and nursing service within their own institutions and agencies.

The analysis of personnel policies and practices affecting the utilization of nursing personnel must be the base for instituting change that is directed toward the allocation of therapeutic nursing functions to the professional nurse, the allocation of technical functions to other nursing personnel and the reassignment of non-nursing function to appropriate departments or services. It is evident from the continuing unrest and mounting shortages of nursing personnel, and from the responses of students and registered nurses included in this study, that the image of nurses and nursing must change if nurses are to be attracted to, and retained in the region, and if the nursing needs of the community are to be satisfied.

Emphasis should be placed on the utilization of nurses on an individual basis and based on an assessment of their background, experience and professional capabilities.

The upgrading of salaries of professional nurses is imperative since salaries constitute a major incentive for entering and remaining in nursing. Salaries of nurses should be commensurate with the training required.

II. ALL HOSPITALS SHOULD ASSUME GREATER RESPONSIBILITY FOR THE SELECTION, ORIENTATION AND IN-SERVICE TRAINING OF HOSPITAL WORKERS WHO ARE EMPLOYED TO ASSIST PROFESSIONAL AND TECHNICAL PERSONNEL ENGAGED IN PATIENT CARE ACTIVITIES.

Careful selection, augmented by on-the-job training programs for employees such as aides, messengers, orderlies and ward clerks, would improve the care of patients, would increase the satisfaction of the workers and would permit the re-allocation of many non-nursing duties currently performed by nurses. Such training should be a collaborative effort by hospitals, doctors, and nurses.

Candidates who are otherwise qualified but who do not meet the educational requirements for admission to nursing programs constitute a potential source of hospital employees; rejected applicants should be encouraged and counseled to seek work and remain in the health field.

III. THE ESTABLISHMENT OF EDUCATIONAL PROGRAMS THAT WILL ASSIST—WITHIN THE CONFINES OF THE LAW—OUT-OF-COUNTRY NURSES TO BECOME LICENSED AS REGISTERED PROFESSIONAL NURSES IN NEW YORK STATE, SHOULD BE ENCOURAGED.

The Education Law of New York State provides that the State Education Department may license without examination a graduate of a school of nursing accredited in any other country, provided she has completed a course of study in nursing considered by the Department to be equivalent to that required in this State at the time and who was licensed in that country by examination.

Although the number of out-of-country nurses licensed to practice in this State has doubled since 1960, it is the Committee's belief that the number could be even more markedly increased if educational programs were instituted that would enable them to overcome educational deficiencies.

IV. APPROPRIATE LOCAL ORGANIZATIONS SHOULD UNDERTAKE ON A CONTINUING AND COOPERATIVE BASIS THE RESPONSIBILITY FOR ACTION THAT WILL INTERPRET NURSING NEEDS TO THE COMMUNITY, ENCOURAGE COOPERATIVE PLANNING FOR ALL TYPES OF NURSING EDUCATION PROGRAMS AND FACILITIES, PROMOTE PRACTICES THAT WILL IMPROVE NURSING SERVICE, AND BY RECOMMENDED CONSTRUCTIVE WAYS OF PROVIDING UTILIZING AND RETRAINING NURSES AND OTHER HEALTH PERSONNEL.

It is specifically recommended that the Hospital Review and Planning Council of Southern New York, Inc., as part of its ongoing planning activities, should consider the employment of a full-time nurse consultant to work cooperatively with other local organizations and institutions throughout its region in interpreting nursing needs to the community and in encouraging better planning to meet these needs.

It is recommended that the Hospital Review and Planning Council of Southern New York extend its services and provide consultation to institutions seeking assistance with the planning, development and construction of educational and residential facilities for nursing programs.

It is recommended that the Hospital Review and Planning Council of Southern New York seek funds under the Federal Manpower Development and Training Act to initiate a study of education and training needs for practical nursing and auxiliary personnel in the Southern New York region.

V. LEGISLATION SHOULD BE ENACTED TO PROVIDE ASSISTANCE TO SCHOOLS OFFERING DIPLOMA, ASSOCIATE DEGREE, BACCALAUREATE AND HIGHER DEGREE PROGRAMS IN NURSING.

It is recommended that the New York State Legislature enact legislation that will provide assistance with operating expenses to schools offering baccalaureate and higher degree, associate degree and diploma programs in nursing that are committed to an expansion of enrollments, and are accredited by the National League for Nursing (or programs of quality that would warrant NLN accreditation).

It is suggested that the amount of financial assistance for operating expenses be based on (1) the average total enrollment for three years preceding the enactment of the legislation, plus (2) an additional amount for each student in excess of the average enrollment, except that in no case should the total amount be more than 50 per cent of the total educational cost of the nursing program.

It is imperative that such funds be made available immediately since all expansions in enrollments are necessarily accompanied by increased operating expenses. The absence of such funds drastically reduces the potential for expansion.

VI. IT IS RECOMMENDED THAT A CRASH PROGRAM BE INSTITUTED FOR THE RECRUITMENT OF STUDENTS INTO ALL TYPES OF NURSING PROGRAMS.

It is recommended that the New York State Nurses Association, the New York League for Nursing, educational institutions, hospitals and the S.E.D. initiate and continue an active campaign to recruit students for all types of nursing programs in the Southern New York region that have NLN accreditation or reasonable assurance of accreditation. It is essential that this intensive recruiting effort begin immediately.

(a) Recruitment efforts should be aimed at attracting various groups of potential candidates to enter careers in nursing—students in junior high school, senior high school and college as well as the mature students who are college graduates, housewives and Peace Corps returnees.

(b) Other recruitment efforts should be directed toward men students—a resource little tapped by professional nursing programs.

(c) Recruitment materials from the national or state nursing organizations or from the schools must state clearly the purpose, length, requirements, cost and career opportunities of each type of nursing program. Career materials should describe accurately the characteristics of and qualification for baccalaureate, associate degree and diploma programs in nursing.

(d) The recruitment effort should provide accurate materials to, and work through:

1. The guidance counselors of the junior and senior high schools and of the colleges of the Southern New York region; and all recruitment programs within the schools should be planned with the guidance counselors, or with administrative officers of the schools; and
2. The Future Nurse Clubs and Health Careers groups in the region.

(e) The recruitment campaign should use extensively the press, radio, television as well as outdoor advertising and the car ads of subways, buses and trains. This will necessitate a realistic public relations budget.

It is recommended that the New York State Nurses Association and the New York League for Nursing seek funds to underwrite the cost of an active campaign, and the cost of recruitment materials from pharmaceutical companies and philanthropic organizations located in the Southern New York region. Funds should also be sought from the Federal government under the Allied Health Professions Personnel Training Act of 1966.

VII. SCHOLARSHIP FUNDS SHOULD BE SOUGHT, PUBLICIZED AND MADE AVAILABLE TO QUALIFIED STUDENTS.

It is recommended that institutions conducting NLN accredited programs (or programs of quality that would warrant accreditation by the National League for Nursing) seek federal scholarships for students. The Allied Health Professions Personnel Training Act of 1966 makes scholarships based on need available to qualified nursing students. These students can meet the balance of their schooling costs through the loan program of the Nurse Training Act of 1964.

It is further recommended that institutions offering nursing programs publicize widely the availability of loan and scholarship funds.

VIII. IT IS RECOMMENDED THAT INSTITUTIONS CONDUCTING NATIONAL LEAGUE FOR NURSING ACCREDITED PROGRAMS (OR PROGRAMS OF QUALITY THAT WOULD WARRANTY NATIONAL LEAGUE FOR NURSING ACCREDITATION) USE THE URBAN CENTERS OPERATED BY THE COMMUNITY COLLEGES TO AID OTHERWISE ELIGIBLE APPLICANTS WHO ARE IN NEED OF REMEDIAL ASSISTANCE WITH SUCH BASIC SKILLS AS READING AND ARITHMETIC.

IT IS FURTHER RECOMMENDED THAT THE SERVICES OF THE URBAN UNIVERSITIES BE EXPANDED TO PROVIDE SPECIFIC SECONDARY SCHOOL COURSES THAT WILL ENABLE OTHERWISE ELIGIBLE APPLICANTS TO MEET THE ENTRANCE REQUIREMENTS OF NURSING PROGRAMS.

If the services of urban centers are not available to assist prospective students with educational deficiencies, it is recommended that institutions conducting NLN accredited programs (or programs of quality that would warrant NLN accreditation) develop pre-admission projects designed to overcome education deficiencies of otherwise eligible applicants, and seek federal funds for the support of such projects from the Office of Economic Opportunity.

IX. THERE SHOULD BE GREATER USE OF FEDERAL FUNDS FOR CONSTRUCTION, EXPANSION AND RENOVATION OF PHYSICAL FACILITIES.

It is recommended that institutions offering initial professional nursing programs accredited by the National League for Nursing, that limit enrollments because of a lack or limitation of education facilities or residence space for students, be encouraged to seek federal funds for construction, expansion or renovation of facilities.

The Allied Health Professions Personnel Training Act of 1966 increases the funds available (under the Nurse Training Act of 1964) for construction and renovation, and makes provision for teaching grants. Federal funds under the Higher Education Act and the Hill-Burton Act provide additional monies that are available for construction.[1]

X. THE STATE OF NEW YORK SHOULD MAKE MATCHING FUNDS AVAILABLE TO SCHOOLS SEEKING FEDERAL FUNDS FOR CONSTRUCTION, EXPANSION OR RENOVATION OF EDUCATIONAL FACILITIES FOR ALL TYPES OF NURSING PROGRAMS.

At times, the inability of the institution to provide matching funds constitutes an insurmountable barrier to construction. Hence it is urgent that the State provide funds that would enable these institutions to initiate or expand professional programs in nursing education.

The State's financing of a substantial part of the cost would provide financial relief to institutions now obliged to rely on patients and other purchasers of hospital services to underwrite the expenses of nurse education — whether in diploma programs or by on-the-job clinical experience within the hospital for associate and baccalaureate degree students. The education of nurses is a service which benefits the entire community; it is therefore appropriate that this cost be more equitably shared by the community.

XI. THE NUMBER OF GRADUATES FROM PROFESSIONAL NURSING PROGRAMS SHOULD BE INCREASED.

A. COLLEGE AND UNIVERSITIES MUST INCREASE THEIR CONTRIBUTIONS TO THE FIELD OF NURSE EDUCATION.

It is essential that the public and private senior colleges and universities offering baccalaureate programs in nursing accredited by the National League for Nursing assess their potential for expanding the present enrollments in professional nursing programs, and take action that will prepare an increased number of nurses.

1. The colleges and universities should re-assess their educational resources of faculty, facilities and finances and explore with the hospi-

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[1] Institutions that are contemplating the construction or renovation of nursing education facilities will want to refer to the Public Health Service Monographs (1180-F-1b, and 1474).

(1) Nursing School Facilities, Programming Consideration and Architectural Guide.

(2) A Guide for Projecting Space Needs for Schools of Nursing.

tals providing clinical areas for student experience and with the agencies offering public health nursing experience, the potential for expanding the enrollments of their present baccalaureate programs. If expansion is possible, the planning should be implemented as quickly as possible.

2. Colleges and universities should encourage able undergraduate students, who are interested in preparing for nursing careers requiring advanced preparation, to begin graduate study at the earliest possible time.
3. Colleges and universities should encourage qualified registered nurse students to enter and complete at the earliest possible date the baccalaureate programs in nursing offered by their respective institutions.

B. THE HOSPITALS OFFERING DIPLOMA PROGRAMS IN NURSING MUST RE-ASSESS AND EXTEND THEIR RESOURCES, AND AT THE SAME TIME, IMPROVE THE QUALITY OF THEIR EDUCATIONAL PROGRAMS.

It is recommended that hospitals offering nursing programs which are accredited by the National League for Nursing (or programs of quality that would merit NLN accreditation) re-assess their resources and take action that will improve the quality of the programs and extend their resources.

1. These hospitals are encouraged to expand enrollments.
2. They are urged to strengthen these programs by the recruitment of faculty with graduate preparation in the clinical area in which they are teaching.
3. These hospitals should review their salary scales and offer salaries to faculty that are competitive with those of faculty with similar educational preparation and experience in associate degree, baccalaureate and practical nursing programs.
4. It is urgent that these hospitals assess the physical environment where nurses work and initiate needed change when the facilities, equipment and supplies are inadequate for patient care and curtail the effectiveness of the nurse and the learning of the student.
5. In those instances where buildings themselves are a major factor in limiting enrollments, it is recommended that the hospital consider the feasibility of employing one or more of the following suggestions:

a. Purchase science instructions and space from educational institutions in the community, to improve the quality of instruction and at the same time eliminate the need to construct science laboratories.

b. Integrate nutrition into nursing courses and by so doing, eliminate the need for a laboratory designed for student practice in cooking. For teaching purposes a demonstration unit might be included as a part of a multi-purpose laboratory.

c. Combine and catalog nursing references, periodicals and texts with the holdings of the medical library of the hospital. This may make it necessary to expand the physical facility of the hospital library to accommodate more users and materials, but would provide more adequate and accessible reference materials to nursing students, and would eliminate the necessity for duplication of library personnel and materials. The students must have access to the library throughout the day and during the late afternoon and evening.

d. Plan for a multi-purpose room that would replace the conventional nursing arts laboratory. Although the room may at times simulate the patient care area of the hospital, its design and equipment should permit independent use by students desirous of improving skill in such areas as the positioning of patients, aseptic technique, and improvisation of techniques suitable for the home.

   Much of the equipment and supplies for this room should be requested in advance and obtained as needed from the hospital, thus eliminating the purchase, storage, sterilization and outdating of supplies used for student practice. If patient units are to be simulated for a limited number of weeks, provision should be made for beds, bedside tables, and other items obtained from the hospital or hospital supply company or, adequate, readily accessible storage space be provided.

e. Convert spaces that have minimal or no use such as nutrition, diet and science laboratories, or excessively large recreation areas to offices and classrooms.

6. The academic quality of the diploma programs should be strengthened:
    a. By recruitment of more highly qualified faculty; and,
    b. By development of relationships with accredited higher academic institutions whereby students wishing to enter degree programs would be assured of maximum academic credits for subjects completed under the diploma program.

XII. THE EDUCATIONAL RESOURCES (BOTH FACULTY AND FACILITIES) OF THE STATE PSYCHIATRIC HOSPITALS SHOULD BE USED MORE EFFECTIVELY.

It is recommended that the state mental hospitals: (a) discontinue their diploma nursing programs and use their resources and facilities for providing learning experiences in psychiatric nursing for nursing students in general hospital schools, associate degree and baccalaureate programs; (b) identify ways of encouraging students while they are having psychiatric nursing experiences in the state hospitals to return to the institution to work as registered nurses; (c) offer educational stipends to registered nurse students who are desirous of graduate study in psychiatric nursing and are willing to work in the psychiatric hospital following the completion of the program.

It is recommended that the state mental hospitals review policies and practices that affect the employment and utilization of the nursing personnel.

It is further recommended that the state mental hospitals assess the physical environment where nurses work and initiate needed change where the facilities, equipment and supplies are inadequate for patient care and curtail the effectiveness of the nurse.

XIII. AN INTENSIFIED EFFORT SHOULD BE MADE TOWARD THE RECRUITMENT, RETRAINING, AND EMPLOYMENT OF INACTIVE NURSES WHO CONSTITUTE AN UNTAPPED NURSING RESOURCE.

It is recommended that individual hospitals or groups of hospitals in the Southern New York region initiate programs of recruitment, training and employment of inactive registered nurses. If necessary, they may wish to seek funds for this purpose under the Manpower Development and Training Act. Day centers for the care of children of employed nurses should be an integral part of any such program. It is further recommended that the program be planned by representatives of the hospitals, the New York League for Nursing, and the New York Nurses Association.

XIV. CAREER INCENTIVES SHOULD BE PROVIDED.

It is recommended that each hospital in the Southern New York region identify registered nurses with potential for supervision, administration, teaching and research and assist them in obtaining preparation in graduate programs by educational leaves, fellowships, and monetary incentives that will encourage them to complete the program and return to the institution following completion.

It is recommended that the hospitals in the Southern New York region initiate salary differentials for (a) recent graduates of initial professional nursing programs — diploma, associate and baccalaureate degree; (b) nurses working week-ends, evenings, and nights; and (c) nurses with advanced educational preparation in clinical nursing, administration, supervision, and teaching.

XV. BOTH HOSPITALS AND PUBLIC HEALTH RESOURCES SHOULD BE EXTENDED.

It is recommended that the hospitals in the Southern New York region, working closely with appropriate local hospital associations, assess the clinical resources and educational facilities of the hospitals that might be made available to community colleges and universities that are now engaged in developing associate degree, baccalaureate and masters programs in nursing. The findings of this assessment should then be made available to the colleges and universities of the region.

This final assessment of physical facilities and needs for additional facilities for educational purposes must be determined by the requirements for the educational program which would include: (a) a sufficient number of conference rooms that can be scheduled for teaching conferences during the hours the students are in the institution; (b) adequate space in nursing stations, medication units and treatment rooms to permit an additional number of students and faculty members to participate in patient care and to have ready accessibility to patient records and supplies; (c) lockers and lounge space for students and faculty when the facility is physically removed from the school; and (d) food services that are available to students and faculty. Even though the educational areas of the hospital are inadequate at present, certain limitations can be minimized by careful scheduling of classes and conferences.

It is further recommended that the health agencies of the region (both public and voluntary) assess the resources of the community and the educational facilities of their agencies that might be made available to colleges and universities desirous of initiating new, or expanding existing, baccalaureate and masters programs in nursing. Agencies that are in need of conference and work space should seek federal funds for the construction or expansion of educational facilities. It is essential that the colleges and universities collaborate with the public health agencies in planning for the most effective utilization of existing resources.

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The thoughtful assessment of needs, educational and clinical resources of the community, physical facilities and financial resources can prevent the precipitious closing, shortening or drastic revision of on-going programs. Hopefully, the Study of Nurse Education Needs in the Southern New York Region will provide much of the information that is basic to sound program planning.

I. THE STUDY

ITS PURPOSE

The major purpose of the study was to assess existing professional nurse education programs in the 14-county region of Southern New York; to give direction for future planning for educational programs in the region; to determine means for supplementing initial programs of professional nursing; and to investigate other methods of reducing the shortage of professional nurses. The cooperating organizations believed that the initial programs of professional nursing should be investigated before any constructive changes or suggestions could be made. Practical nursing programs were omitted from consideration even though the graduates of these programs make a major contribution to health care in this region.

ITS METHODS

The assessment of present and future needs required: (1) an estimate of the present supply of professional nurses; the development of a method for estimating the shortages of professional nurses; and projection of these estimates for 1975; (2) a survey of the students and faculty of the various types of professional nursing programs and of the factors influencing recruitment and attrition by withdrawal of students and faculty; (3) an estimate of the number of inactive nurses and of the potential contribution to nursing service that might be made by these nurses; and (4) a survey of educational and residential facilities of the nursing education programs.

The methods used to obtain the data are briefly described below:

The Estimate of Supply and Shortages. Estimates of the current
App. 1:17 supply of hospital nurses in the region are based on figures published by the University of the State of New York in 1965, and of the number of nurses in other fields on statistics collected by the American Nurses
App. 1:1 Association in 1962.

To determine future requirements, the statistical approach is based on two assumptions: (1) that the role and the functions of the registered nurse in meeting the public need for health care will not change greatly within the next decade; and (2) that the number of registered nurses required to provide the needed care for a given number of persons will not change greatly in the next decade. (These estimates, therefore, do not allow for changes in requirements which may occur through medical advances and new medical programs.)

The Survey of Students, Faculty and Nursing Personnel. Data regarding students, faculty and nursing service personnel were obtained from statistics collected by the National League for Nursing and by the Hospital Council study staff in personal interviews, group meetings and questionnaires. The interview schedules and questionnaires were developed to obtain personal data and opinions that would supplement known information regarding motivation of students: factors contributing to the withdrawal of able students; and the turnover of nursing personnel. The information gathered in this manner was used to provide better insight into conditions existing in the region; it was not used to establish statistical norms. (Copies of interview schedules and questionnaires are reproduced in Appendix II.)

The Estimate of Inactive Nurses. The estimate of inactive nurses
App. 1:14 and their potential return to professional duties is derived from figures collected by the Department of Education of the State of New York in a
App. 1:15 study conducted in 1965, and from the findings of 12 surveys, sponsored by the United States Public Health Service, in the East, Midwest and South.

The Survey of Facilities. A schedule was developed and used by the architect associated with the project to determine the adequacy of present facilities — both educational and residential.

The use of each of the preceding methods is described in greater detail in other sections of the report.

Participating Individuals and Institutions. Sample data were obtained from 855 persons by means of scheduled group discussions and personal interviews; 732 of this group also responded to questionnaires.

Visits were made to 40 of the 61 initial professional nursing programs in the Southern New York region that were approved in 1964-1965 by the Board of Nurse Examiners of the State of New York. The programs visited included 20 of the 45 hospital schools (diploma programs), 11 of the 13 associate degree programs and nine of the 10 baccalaureate

	Method of Data Collection	
Individuals Participating in Study	Personal Interview and/or Group Discussions	Questionnaires
Directors of nursing education programs	41	---
Teachers in nursing education programs	227	245
Students in basic nursing programs	306	269
Administrators of medical centers and hospitals	21	---
Administrators of hospital nursing service	23	---
Registered nurses on hospital staffs	237	218
Total	855	732

and higher degree programs. In order to have certain data regarding nursing services as well as nursing education, the 20 diploma programs visited were those associated with hospitals that participated in the 1964 App. 1:13 Study of Hospital Nursing Service conducted by the National League for Nursing. Since the number of associate degree and baccalaureate programs in nursing was small, all programs in operation during the year 1964-1965 were visited.

THE SUPPLY OF REGISTERED NURSES IN THE SOUTHERN NEW YORK REGION

It is necessary to have the following background information for planning for future nursing education needs in the region: (1) the adequacy of its existing nurse supply, and (2) projections of supply and demand for the next decade. In the pages that follow, various proposals are examined as ways of increasing the supply of nurses while maintaining a sufficient level of quality.

It is estimated that approximately 40,500 registered nurses were employed in the 14 counties of the region in 1964. Of these 25,550 were employed by the hospitals in the region, while the remaining 15,000 were employed either by public health departments, schools of nursing, industry, physicians, and dentists, or were self-employed.

These estimates of numbers of hospital nurses are based on figures App. 1:17 published by the University of the State of New York in 1965. The state-wide count of hospital-employed registered professional nurses was

Estimated Number of Nurses in Hospitals

	Number	Per Cent
Long Island Area (Nassau and Suffolk Counties)	3,050	11
New York City (Bronx, Kings, New York, Queens and Richmond Counties)	18,000	71
Northern Metropolitan Area (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties	4,500	18
Total	25,550	100

made on November 16, 1963. On that date 16,296, or 64 per cent of all nurses in hospitals responding for the count, were employed in the 14-county region of Southern New York. Since only 69 per cent of the hospitals responded, the count was projected to include all hospitals in the region, resulting in an estimated 25,550 hospital-employed nurses in this region.

App. 1:1

The estimate of 15,000 nurses employed by other types of organizations, agencies and individuals is based on statistics collected by the American Nurses Association in 1962 showing a national picture of 37 per cent of all employed professional nurses working outside hospitals.

THE NUMBER OF NURSES NEEDED

An employed force of some 55,000 full-time registered nurses is needed in the region if the hospital and health facilities are to be staffed at the same level as the nation as a whole. This estimate was obtained by developing a per capita ratio of nurses per 100,000 population based on national ratios of nurses to average daily census and adjusting for local use patterns.

It is estimated that by 1975 there will be a need for at least 59,000 nurses in this region. This estimate is derived by applying the present need ratios to the estimated 1975 population and does not take into consideration innovations in health care that, in all probability, will increase the need for the number of nurses.

ABILITY OF PRESENT NURSING EDUCATION PROGRAMS TO MEET FUTURE DEMANDS

It is unlikely that, even under optimal conditions, schools in the region will be able to graduate a sufficient number to raise the total number of practicing registered nurses to the level needed in the next decade — 59,000 by 1975 — unless new programs are established and present programs expanded.

No more than two-thirds of the senior students interviewed during the course of the study planned to remain in the region for as long as five years following graduation, although 72 per cent indicated that they planned to stay for at least six months. For the 1964-1965 academic year, the professional nursing programs in the Southern New York region produced 2,816 graduates eligible to take the state licensure examination. Even if three-quarters of the students graduated during the last academic year are currently employed as full-time registered nurses in the region, only 2,000 additional nurses will have been added.

This nominal annual increase is almost offset by staff attrition. National studies in the past have indicated the net attrition of professional nurses to be approximately five per cent per year. But a 1964 report of the New York City Department of Hospitals indicated that of 7,858 professional nurses, 840, or 10.6 per cent of the staff, left the municipal hospitals during the year. Applying the national figure of a five per cent turnover to the region — which appears to be low — more than 2,100 nurses have left employment offsetting the estimated 2,112 graduates of nursing schools who accepted employment in the region.

Thus, no progress was made last year in gaining the minimum 4,500 additional nurses estimated as needed this year to provide adequate patient care in regional hospitals and other health services.

An increased percentage of female graduates of the region's high schools must be recruited into nursing programs if the nurse education programs in the region are to compensate for this turnover. During the past five years, between 5.5 and 5.9 per cent of female high school graduates were admitted to professional nursing programs in the region, while in the state as a whole the percentage of female high school graduates entering professional nursing programs decreased from 7.3 per cent in 1957 to 6.6 per cent in 1962. App. 1:14

Obviously then, nursing must recruit from resources hitherto untapped — men, who are high school graduates; college students and graduates; housewives; Peace Corps returnees; and high school graduates that are economically disadvantaged.

MEANS FOR REDUCING THE NURSING SHORTAGE OTHER THAN NURSE EDUCATION PROGRAMS

App. 1:14 Approximately one-fourth of all licensed registered nurses residing in the state are inactive. If this is true in the region, there exists a potential supply of 14,000 nurses in addition to the estimated 40,500 now actively employed. If it were possible to induce the estimated 14,000 trained registered nurses to return to active nursing, the region's professional nursing shortage would be solved.

Hospitals have instituted refresher courses for inactive nurses but have had only limited success in terms of staff nurse recruitment. Several nursing service administrators, in hospitals visited during the course of this study, expressed the belief that the inactive nurses who register for refresher courses are only interested in keeping abreast of the latest developments in nursing in the event that they might return to nursing. Hence the courses do not accomplish their purpose: hospital

App. 1:18 nursing staffs are not appreciably augmented. A 1957 study of the New York State Education Department showed that 93 per cent of inactive nurses were married, and that four out of five gave responses that seemed to preclude their becoming active in the near future. The predominant reason was "full time family obligation."

App. 1:18 If the findings of the 1957 New York State study can be applied to the Southern New York region, approximately 7 per cent of the inactive group can be considered potentially active. That is, if all deterring conditions were reversed and better salaries, refresher courses, inservice education, and satisfactory work schedules were offered, it could reasonably be expected that more than 900 of the estimated 14,000 inactive nurses could be recruited back into nursing — someday. However, this small number would have only an insignificant impact on the critical situation. Moreover, only a few of these could be expected to return to work in any one year.

App. 1:15 Another view, far more encouraging, comes from the reports of studies that were conducted in a twelve state area by the Division of Nursing, U.S. Public Health Service. "Objectives of these studies were:

to estimate the proportion of inactive registered nurses likely to return to nursing; to determine the reasons for the inactive status of the study population; to determine the characteristics of inactive nurses; and to help states determine the extent to which this group represents a potential resource for expanding medical care programs by their return to full or part-time work." Of the more than 10,000 nurses responding, 44 per cent planned to return to active practice. If it may be assumed that the nurses in the Southern New York region are like those in the twelve studies of the East, Midwest and South, then more than 6,000 nurses might be expected to return to nursing over a period of years.

The findings of the Public Health Service studies were similar to those of the New York State study in that a similarly high proportion (90 per cent) of the inactive nurses were married. Again the major reasons cited for not working were home and family responsibilities. The Public Health Service studies also show that recruitment efforts should be directed toward the younger groups of inactive nurses. As the age level of nurses increased, the proportion intending to return to active practice
App. 1:18 decreased. "Although inactive nurses 39 years of age or younger constituted 69 per cent of the study population, they constituted 85 per cent of those planning to return to work." Almost two-thirds of the respondents said they would be most likely to return to staff nursing positions, and more than half said that they would be likely to return to the hospital field.

It was pointed out earlier in this report that estimates of nurse requirements do not take into account the expanded nursing services that are predicted to occur within the coming decade. It has also been predicted that Medicare will create demands for increases in all health services personnel, especially persons who provide nursing care to patients in the hospital and in the home. The administrator of a public health nursing agency in the Southern New York region, reflecting on the effects of Medicare upon her agency, did not anticipate so much an increase in the number of professional nurse staff members as an increase in their skills in teaching and supervision. She foresaw, rather, the necessity of using aides to a much greater extent to meet the increased demand for nursing care. But with or without new demands and new roles, recruitment efforts must be stepped up and be augmented.

THE CHALLENGE OF QUALITY IN PLANNING FOR QUANTITY OF NURSING PERSONNEL

It will be extremely difficult, within the next decade, to plan for sufficient nurses to meet future needs even to the limited extent to which these needs have been met in the past. Compounding the shortage in numbers of nurses, are the widespread waste of nursing skills; the loss of personnel through migration or disenchantment with the profession; and the expanding lag in recruitment of students to nurse education programs.

In 1964, the New York City Department of Hospitals, with over 4,400 professional nurse vacancies, attempted to fill professional positions with non-professional personnel. This has not worked out well at all. Most of the budgeted professional nurse position vacancies were in the staff nurse category. With only 1,665 professional nurses for 5,792 professional staff nurse positions, the remaining 4,127 positions were filled with practical nurses as far as possible. As practical nurses were advanced to fill staff nurse vacancies, more practical nurses were employed to fill 940 emptied practical nurse positions. Similarly more nurses' aides were employed to fill positions where aides were advanced to practical nurse jobs. As a result more than half (51 per cent) of the nursing positions that should have been filled by professional nurses were filled by persons with no formal nursing training recognized by the State.

Although the use of nonprofessional personnel in positions designated for professional nurses is most marked in the New York City's municipal hospitals, results of the recent National League for Nursing survey of hospital nursing services showed a lower percentage of registered nurses to all hospital nursing personnel in the Southern New York
App. 1:13 region; 34 per cent of all full-time nursing service employees (exclusive of clerical personnel, technicians, and others not directly involved in care to patients) are registered nurses, compared to 38.1 per cent for the nation as a whole.

It is the opinion of many nursing service directors and supervisors that it is unwise to continue to employ non-professional workers to substitute for professional nurses. This is evident when the nurse staffing
App. 1:13 patterns of hospitals in the Southern New York region participating in

the NLN study are compared by type of control — that is, proprietary, voluntary, and governmental. In both the proprietary and governmental categories, the greatest portion of patient care is given by persons other than registered nurses; 74.8 per cent for governmental hospitals and 78.4 per cent for proprietary hospitals. In voluntary hospitals 58.5 per cent are not registered nurses.

While the proprietary hospitals employ a relatively small number of registered nurses per patient unit, they employ a larger number of other types of nursing personnel per patient unit than hospitals under governmental control. The data show that hospitals under governmental control not only have the lowest registered nurse to patient ratio, but also have the lowest total personnel to patient ratio (see Table 1).

Table 1. Average Number of Nursing Service Personnel Per 10 Patients of Census by Type of Hospital Ownership, Southern New York Region, 1964

Type of Ownership	Average Number of Nursing Personnel per 10 Patients of Census		
	Total	Registered Nurses	Other Personnel
Voluntary	10.21	4.24	5.97
Governmental	9.31	2.35	6.96
Proprietary	11.32	2.44	8.88

Source: National League for Nursing; unpublished Study of Hospital Nursing Service, 1964.

Table 2. Ratios of Nursing Personnel to Patients
Three Local Government Hospitals
New York City, 1964

Hospital	Average Number of Nursing Service Personnel per 10 Patients of Census		
	All Nursing Personnel	Registered Nurses	Other Nursing Personnel
X	7.8	1.6	6.2
Y	8.1	1.2	6.9
Z	10.9	3.3	7.6

Source: National League for Nursing; unpublished Study of Hospital Nursing Service, 1964.

Included in the governmental hospital category, and largely responsible for the low registered nurse to patient ratio of this category, App. 1:13 are three New York City municipal (local government) hospitals with an average daily census of over 1,000 patients each. The three hospitals differed among themselves as to nursing personnal to patient ratios. The following table gives the ratios for the three hospitals.

How do such differences occur in the same municipal local hospital system? One explanation given by nurses at hospitals X and Y was that when the shortage becomes extremely critical, it has an insidious effect on recruiting and retaining staff. That is, nurses are deterred from joining a staff that is so drastically depleted, and those already on the staff are tempted to escape the situation by going to a better-staffed hospital. It should also be mentioned that compared with hospitals X and Y, hospital Z is located in a more attractive neighborhood that has a lower rate of poverty and crime, and where the streets are said to be relatively safe. Hospital Y, which has the lowest ratio of registered nurses to patients, is described as being in the "worst part of the City."

In the Southern New York hospitals surveyed, it would require a 120 per cent increase to bring the average number of registered nurses in all governmental hospitals up to the level of the voluntary hospitals. However, to do this for hospital Y would require an increase in its existing professional nurse staff of 270 per cent. The present budget for Hospital Y would permit manifold increases in the professional nursing staff, but nurses are unwilling to accept positions at hospital Y with its multitude of problems, and are equally unwilling to work at the rate of pay offered by New York City. So the problem remains that nurses are not likely to seek employment in hospital Y under present conditions of employment.

Registered nurses interviewed during the course of the present study were critical of attempts to compensate for the shortage of registered nurses by the hiring of personnel in other categories.

THE WASTE OF NURSING SKILLS VERSUS SHORTAGE OF NURSES

When the Council staff interviewed faculty and students of nursing schools for this study of Nurse Education Needs, they found dissatisfaction with the care of patients and the activities performed by the registered nurse in the hospital.

Every nurse and every group of nurses interviewed — nursing service directors, supervisors, head nurses, staff nurses, directors of hospital nursing programs, deans of collegiate nursing programs, faculty and students in all types of programs — shared one point of view, that nurses are not given sufficient opportunity to practice nursing. Frequently, the nursing situation was described as a dilemna. The registered nurse wanted most of all to give "real nursing care to patients and felt that her patients wanted most of all to receive professional care. Yet, for some reason or reasons, which varied with the perception of the nurse being interviewed, non-nursing duties kept the nurse from the patient to the disappointment of the patient, he disillusionment of the nurse, and to the detriment of patient care. That nursing service departments in hospitals in the Southern New York region have responsibility for non-nursing duties is apparent from he previously mentioned survey of the National League for Nursing. These responsibilities are tabulated in Table 3. App. 1:13

Table 3. Number and Per Cent of Nursing Service Directors Reporting Responsibility for Non-nursing Functions or Departments on Weekdays or on Weekends Sixty-seven Hospitals in the Southern New York Region, 1964

Non-nursing Functions or Department	Responsible for Function or Department: WEEKDAYS Number of Directors	Per Cent	WEEKENDS Number of Directors	Per Cent
Administration of Hospital	43	64.2	42	62.7
Pharmacy	57	85.1	57	85.1
Dietary	10	14.9	10	14.9
Formula room	35	52.2	34	50.7
Central supply	54	80.6	52	77.6
Anaesthesia	2	3.0	1	1.5
Housekeeping	10	14.9	11	16.4
Admission of patients to hospital	21	31.3	22	32.8
Messenger service	37	55.2	35	52.2
Escort and delivery service (of patients to other units)	52	77.6	49	73.1
Purchasing of equipment and supplies	8	11.9	3	4.5
Volunteer service	12	17.9	13	19.4

Source: Based on replies from 67 hospitals, National League for Nursing; unpublished study of Hospital Nursing Service, 1964.

Some hospital administrators and nursing service administrators interviewed during the present study felt that the nurse herself is avoiding direct patient care in order to achieve greater status. One nurse administrator said, "The nurse has sacrificed her professional functions in order to become a practical second-class doctor." More support for the hypothesis that the nurse does indeed reject opportunities to perform direct patient care came from nursing service directors in their responses to questions in the survey of Hospital Nursing Service by the NLN. They were asked to evaluate their roles in many activities including direct patient care using one of the three following evaluations: (1) they performed certain activities themselves; (2) they reviewed the work of others, and (3) they believed that certain activities were not related to the work of a nursing service director.

As may be expected, the director of nursing service of a large and busy hospital seldom has time to give direct patient care. Nevertheless, it is expected that a nursing director assumes responsibility for all patient care; and that the respondents to the survey would have indicated that they considered their jobs to include "reviewing the work of others." In the light of these expectations, it is surprising to note that less than one-third (28 per cent) saw themselves as handling the responsibility
App. 1:13 "through the work of others," and that, even more astonishing, 43 per cent responded by categorizing direct patient care as "not related to the work of the director" of nursing service. (Thirty per cent of the national sample gave this same response.)

In hospitals visited for the National League for Nursing's Study of
App. 1:13 Hospital Nursing Service, directors of nursing frequently indicated that nursing service staff members are apt to resent giving up clerical duties to a ward clerk, or housekeeping duties to a housekeeper or ward manager. Of 205 nursing service staff members who evaluated the possibility of assignment of non-nursing duties to personnel other than registered nurses, 33 per cent saw such a change as being of little or no value, primarily because it meant giving up activities that they were accustomed to perform.

Faculty members in baccalaureate nursing programs frequently criticized the waste of nursing skills resulting from the existing organization of hospital nursing services which prevent the professional nurse from exercising her nursing skills and developing greater efficiency. These faculty members claimed that the organization of hospitals allows for no recognition or advancement for staff nurses in terms of either status or salary in compensation for advanced nursing skills.

In consequence, nurses who are skilled and motivated to give professional care to patients discover that the only channel for advancement necessitates their becoming either teachers or administrators. A highly capable nurse may have very limited ability in either teaching or administration, but unless she shuns patients for roles uncomfortable to her, she is penalized financially and looked down upon for "having no ambition." Several teachers who made the foregoing criticism seemed resentful toward hospitals generally for having created the predicament and perceived no responsibility on the part of nurses for its correction. "The hospitals cause it — let them solve it."

Regardless of who is to blame for the alleged misuse of nurses' skills or the lack of opportunity for them to perform nursing duties — it was perceived as a very real predicament by students in both diploma and collegiate nursing programs. Students' concern about the situation was expressed in group discussions and in individual questionnaire responses. The most frequent response from baccalaureate students to the question "Why do desirable students leave the program?" was that the drop-outs had become disillusioned with the clinical setting. An explanation frequently given for this disillusionment was that these students saw little or no opportunity to practice nursing, after graduation, as they had learned it in the nursing education program. This was the most frequent reason given by students for withdrawals from both diploma and baccalaureate programs, and ranked second as the reason given by associate degree students.

MIGRATION OF NURSES TO AND FROM THE SOUTHERN NEW YORK REGION

Regardless of the degree of disillusionment with nursing, a considerable number of registered nurses — approximately 40,500 — are working in the Southern New York region. One purpose of the Council's study was to ascertain some of the factors that attract nurses from outside the region and encourage those currently practicing in the region to remain.

Of the 210 hospital nursing service staff members who completed the questionnaire, only 39 per cent were born outside the region, and 20 per cent took their initial nursing course, preparing them for licensure, in a school outside the region. Over 90 per cent of the group planned to stay in nursing in Southern New York for at least two more years, and half of them planned to be active in nursing in the region for at least five more years. The main reason given for working in the region was that husbands or family were located here. Opportunities for education and professional growth were the reasons given by only 15 per cent of the group living in the region, even though 76 per cent indicated their ambitions for further education.

The nurses who met with the study director were not representative of all nurses employed in hospitals since more held head nurse and supervisory positions than is true of the entire professional nurse group staffing the hospitals. Because education beyond the basic program is recommended or required for administrative positions, it is possible that the nurses contacted overemphasized the attractiveness of the region's educational opportunities and minimized their personal needs or desire for advanced preparation.

Fifty-seven per cent of the nursing service personnel interviewed for the study stated that nurses leave the region for the most part because of re-location of husband or family. Other reasons for leaving included: desire for change; desire to go to an area where colleges give credit for having completed a hospital nursing program; overwork; undesirable hours and the high cost of living in the Southern New York region; the lack of safety on the streets of New York City; and the desire to live in a smaller community where "you can be noticed."

With few exceptions, nursing service personnel opinions coincided with the views of students and faculty in hospital schools. The exceptions were that both students and faculty place greater emphasis on the importance of interpersonal relations within the hospital as a reason for attracting nursing staff to the hospital and on poor relationships as the reason for leaving than do the staff nurses themselves.

When a nurse desires to remain in Southern New York, because of family and because she is often a secondary source of family income, she is apt to endure conditions that are not satisfying to her, to assume duties that are not her professional responsibility, and to work for wages that in her opinion are below the salary scales for professionals. However, these are not good reasons for selecting and preparing for a professional career, nor are they a sound basis for professional practice. Neither will they advance patient care or professional standards nor attract other nurses to the region.

Sixty per cent of the faculty teaching in diploma programs were born in the Southern New York region and seventy per cent remain in the region because of husband and family. In contrast to the diploma faculty, fewer of those teaching in associate degree programs (38 per cent) and in baccalaureate and higher degree programs (16 per cent) were born in the region. However, more than 70 per cent of the faculty in all types of programs complete their basic or advanced nursing programs in the region.

Although the majority of the faculty teaching in the collegiate programs are attracted to the region initially by the educational programs, their reasons for remaining are somewhat different. Whereas 55 per cent of the associate degree faculty remain because of the location of husband or family, 67 per cent of the baccalaureate faculty state that they remain for educational or cultural reasons. The differences in motivation should be capitalized on by employers seeking staff.

THE SUPPLY FOR THE FUTURE

Present resources within the Southern New York region are not preparing an adequate supply of professional nurses. It is essential that programs accredited by the National League for Nursing expand enrollments and that new programs be opened. The location of new programs should be carefully planned with respect to (a) the proximity of the school to clinical resources, i.e. to hospitals and health agencies within the community, (b) proximity to institutions of higher education, (c) density of population and (d) health needs of the region. For example, the Bronx with a population of nearly one and one-half million people is contributing minimally to the education of professional nurses. Even though its hospitals provide student affiliations and offer clinical resources there is only one diploma and one associate degree program in the Bronx.

The inactive professional nurses living in the Southern New York region must be brought back into nursing if the gap between present supply and demand is to be filled. It will be necessary to provide intensive courses for updating the knowledge of the nurse, to consider the possibilities of employing more part-time workers, and to make provision for the care of children of working mothers.

The number of nurses coming into the region is offset by those leaving. Means of keeping graduate nurses in the region should be explored. Yet to recruit without changing working conditions is futile. Means must be found to encourage the employers of nurses to upgrade both quality of patient care and conditions of work.

Obviously, if these goals are to be achieved, it is crucial that nursing organizations be supported by health, education, and citizen groups in their efforts to activate and continue recruitment campaigns App. 1:21 for students and graduate nurses. It is long overdue for hospitals to collaborate in planning nurse utilization studies and in implementing the recommendations that result from the findings. The need for action on many fronts is apparent from results of the Council's study.

II. OVERVIEW OF BASIC NURSING EDUCATION PROGRAMS[1] IN THE SOUTHERN NEW YORK REGION

In almost any sizable geographic unit of the nation, there are at least two and often three different types of basic educational programs in nursing. Graduates of each take the same state board examinations; those passing the examinations are licensed to practice as registered nurses within the state.

In contrast to the rest of the nation, the Southern New York region has four types of basic, or initial, nursing programs: diploma, associate degree, baccalaureate, and masters programs. These can also be classified by type of institution offering the programs; namely, programs offered by hospitals and those offered by colleges and universities.

DIPLOMA PROGRAMS OFFERED BY HOSPITALS

As of October 15, 1965, there were 43 diploma programs[2] offered by hospitals; 33 of these were conducted by general hospitals and 10 by state mental hospitals. These programs varied in length from 64 weeks to three calendar years.

The programs have been described as follows:

> "Programs leading to a diploma in nursing are conducted by schools of nursing which are under the auspices of hospitals, or are independently incorporated. . . .Entering students must be high school graduates.
>
> App. 1:7 "All of these hospital schools have their own faculties, although many provide instruction in certain sciences through cooperation with a college or university. Curriculum content is selected primarily to prepare the graduate as a practicing nurse. Instruction and related clinical experience focus primarily on the nursing care of patients in hospitals. Instruction that combines theory and experience in nursing continues throughout the program.
>
> "Graduates of diploma programs are prepared to use basic scientific principles in giving nursing care. They are able to plan

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[1] Initial Programs of Professional Nursing: programs leading to a baccalaureate or higher degree, or to a diploma in Nursing, offered by schools approved by the appropriate State Board of Nursing.

[2] Two programs included in this study graduated their last classes prior to October 15, 1965 and are now closed.

> with associated health personnel for the care of patients, and may be responsible for the direction of other members of the nursing team."

COLLEGE AND UNIVERSITY PROGRAMS

Associate Degree Programs — Thirteen colleges in Southern New York offered associate degree programs in nursing as of October 15, 1965. These programs varied in length from two academic to two calendar years.

> "Associate degree programs are offered primarily by community or junior colleges. . . .The curriculum is offered within a 2-year period, with a ratio of general and nursing education, including clinical experience, developed in accordance with college policy and the regulations of the State licensing authority. App. 1:7
>
> "Graduates are prepared to give care to patients as beginning staff nurses; to cooperate and share responsibility for their patients' welfare with other members of the nursing and health staff."

Baccalaureate Programs — Nine senior colleges or universities in Southern New York offered baccalaureate programs in nursing as of October 15, 1965. These varied in length from four to five academic years. Seven of these colleges admitted students directly from high school; one admitted students who had completed two years of college; one college admitted students with two years of college to one of its programs and baccalaureate graduates to another of its programs; the latter program is two years in length.

> "Baccalaureate degree programs are conducted by colleges and universities. The curriculum includes course work in the biological, physical, and behavioral sciences, in languages and mathematics, and an upper division major in nursing.
>
> App. 1:6 "Clinical nursing experience is planned so that students learn how to give nursing care to adults and children in hospitals and public health agencies. Both the candidates for admission and the faculty members must meet university requirements.
>
> "The curriculum comprises liberal arts as well as nursing courses. Courses in nursing include fundamentals of teaching and administration as they relate to professional nursing care.
>
> "Graduates of baccalaureate degree programs are broadly prepared to give nursing care, to interpret and demonstrate such care to others, and to plan, direct, and evaluate nursing care. They are prepared for positions as public health nurses and team leaders, and for advancement to positions as head nurses and clinical specialists. They also are prepared to begin graduate study for teaching, administration, and clinical practice."

Masters Programs — As of October 15, 1965, one college in Southern New York offered a program leading to a masters degree in nursing that could be completed in two academic years. This program admitted only those students who had completed a bachelors program at some other college or university. This program is designed to fulfill the educational needs of college graduates wishing to prepare for a professional career in nursing.

TYPES OF PROGRAMS, CHANGES IN GROWTH

The number of basic or initial nursing programs admitting students increased from 55 in 1960-1961 to 64 in 1964-1965, while the number of programs graduating students increased from 55 to 61. During this same period three diploma programs and one baccalaureate program closed and 10 new programs were established. Admissions and graduations for the various types of programs are shown in Tables 4 and 5. Of the three types of programs, the associate degree programs have far exceeded the others in rate of growth.

Table 4. Admissions to Professional Nursing Programs, by Type of Program Southern New York Region, 1960-61 through 1964-65

Type of Program	1960-61 No. of Students	1961-62 No. of Students	1962-63 No. of Students	1963-64 No. of Students	1964-65 No. of Students
Diploma[1]	2,210	2,314	2,386	2,335	2,427
(Number of Programs)	(45)	(46)	(46)	(44)	(45)
Associate Degree	168	279	423	529	644
(Number of Programs)	(3)	(5)	(7)	(9)	(10)
Baccalaureate and Higher Degree	406	453	411	417	405
(Number of Programs)	(7)	(7)	(6)	(7)	(9)
All Programs	2,784	3,046	3,220	3,281	3,476
(Number of Programs)	(55)	(58)	(59)	(60)	(64)

[1] Two of the hospital programs included in this table graduated their last classes in 1964-65 and are now closed.

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

DISPROPORTIONS AMONG TYPES OF PROGRAMS IN THE REGION

Tables 4 and 5 show that both admissions and graduations in all programs increased during the five-year period ending in 1965. In diploma programs admissions increased by 217, or 9.8 per cent and the

Table 5. Graduations from Professional Nursing Programs, by Type of Program Southern New York Region, 1960-61 through 1964-65

Type of Program	1960-61 No. of Students	1961-62 No. of Students	1962-63 No. of Students	1963-64 No. of Students	1964-65 No. of Students
Diploma[1]	1,530	1,487	1,479	1,672	2,185
(Number of Programs)	(45)	(46)	(46)	(47)	(45)
Associate Degree	86	100	167	227	298
(Number of Programs)	(3)	(3)	(5)	(7)	(9)
Baccalaureate and Higher Degree	288	275	288	301	333
(Number of Programs)	(7)	(7)	(7)	(6)	(7)
All Programs	1,904	1,862	1,934	2,200	2,816
(Number of Programs)	(55)	(56)	(58)	(60)	(61)

[1] Two of the hospital programs included in this table graduated their last classes in 1964-65 and are now closed.

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

number of graduates increased by 655, or 42.8 per cent. Admissions to associate degree programs increased by 476 (283.3 per cent) while graduations increased by 212 (246.5 per cent). However, admissions to baccalaureate and higher degree programs remained unchanged although graduations increased by 45, or 15.6 per cent. The greater percentage of increase in graduations than in admissions could well mean that while the diploma and baccalaureate programs are still growing, their rate of growth is actually decelerating.

The greater percentage of increase in admissions to associate degree programs than the percentage of increase in graduations indicates not only growth but an acceleration of the rate of growth as well. However, this rate of growth is somewhat distorted by the high proportion of dropouts in these programs. In addition to the statistical evidence, other evidence indicates that associate degree nursing programs in the Southern New York region will continue to accelerate in growth for some time to come. In interviews with students, nurse faculty, and directors of the associate degree programs as well as with the administrators of the community colleges there was evidence to substantiate the belief that the growth of these programs is the result of much more than the support that has been given to these programs by nurse educators alone.

Students in these programs feel that they are truly "part of the scene"; that they are not only in nursing but that they are also participating in a type of education that is "in touch with the times," and that is being increasingly accepted and favored by high school graduates and is rapidly becoming an accepted part of the pattern of American education.

If the recommendations of nurse educators did indeed determine the degree of acceptance of one approach to nursing education as compared with another, one would not find in the Southern New York region the following disturbing development.

App. 1:23 Five years ago the Surgeon General's Consultant Group on Nursing considered the problem of ensuring adequate nursing service and maintaining quality of care. One of the major concerns was that of having a sufficient number of nurses who were qualified to educate other nurses to supervise, to administer, and to provide the needed leadership in nursing. Since the baccalaureate programs constitute the sole source of supply for graduate programs, the Consultant Group urged that an ever-increasing number of students be recruited for the baccalaureate programs in nursing.

App. 1:23 The Consultant Group also recommended (1) that 18 per cent of all professional nurses hold a baccalaureate or higher degree, and (2) that in order to achieve the 18 per cent, at least 15 per cent of the graduates of initial (basic) programs of professional nursing should be graduates of baccalaureate degree programs. The remaining three per cent would be graduates of associate degree and diploma programs who continue their education and earn baccalaureate or higher degrees in nursing. In 1959-60 the graduates of baccalaureate programs constituted 15 per cent of all students graduated from initial professional programs.

However, during the five years that followed, the region's baccalaureate degree programs produced a lessening proportion of the over-all number of graduates until in 1964-65 less than 12 per cent of the region's graduates were graduates of baccalaureate degree programs.

The Council survey shows that for many years the Southern New York region has augmented the number of baccalaureates by offering special programs for registered nurses leading to a baccalaureate degree. The two universities that offered the largest of these programs have discontinued them or are now in the process of discontinuing them, while a third graduated only one-fourth as many students in 1964-65 as in 1960-61. The effect on the total number of students earning baccalaureate degrees during the past five years is shown in Table 6.

Table 6. Number of Baccalaureate Degrees Awarded in All Basic Programs Basic and Registered Nurse Students, Southern New York Region, 1960-61 to 1964-65

Baccalaureate Degrees Awarded To	1960-61	1961-62	1962-63	1963-64	1964-65	Net Increase or Decrease
Registered Nurse Students	391	330	360	317	240	- 151
(Number of Programs)	(6)	(6)	(6)	(6)	(6)	
Basic Students	288	275	288	301	333	+ 45
(Number of Programs)	(7)	(7)	(7)	(6)	(7)	
Total	679	605	648	618	573	- 106

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

If the present trends in percentage of enrollment by type of program continue for the next ten years, by 1975 the number of the region's graduates from basic baccalaureate programs will constitute less than 10 per cent of the total number of graduates. Obviously, if the Southern New York region is to fulfill recommendations of the Surgeon General's Consultant Group on Nursing that at least 18 per cent of the professional nurses in the nation hold a baccalaureate, masters, or higher degree, it now becomes necessary to exceed the previously quoted recommendation that three per cent of the graduates be from diploma and associate degree programs who have continued their education.

CHARACTERISTICS OF NURSE FACULTY MEMBERS TEACHING IN THE SOUTHERN NEW YORK REGION

Assuming that the 227 nurse faculty[1] who participated in the study are typical, it is possible to conclude that most members of the total group teaching in each type of program are products o local nursing programs and will remain in the region.

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[1] 147 nurse faculty members from 20 diploma programs; 36 from six baccalaureate programs; 44 from 11 associate degree programs.

Of the group interviewed (Table 7), it is apparent that iculty members who are teaching in diploma programs differ considrably from those in other degree programs. They are younger; hav less educational preparation; a greater number (70 per cent) remainin the area because of husband's employment or for other family reason. Because they are younger, it may be expected that a high proportio will continue their professional education, and it is important that tey be encouraged to do so.

In the associate degree programs a higher percentage of iculty members are married than is true of the faculty in the other tw programs; yet of this group only slightly more than half remainedn the region because of husbands or family. Ninety-six per cent othese associate degree faculty members have more than two years of eperience in nursing service in contrast with approximately 70 per ent of the faculty teaching in the other programs. It is somewhat surrising therefore that this is the one faculty group which did not recogni that students were disillusioned and dissatisfied with the quality of nrsing care given to patients in the clinical areas.

The faculty in baccalaureate programs were as a group old than in the other programs; two-thirds said that they were in the regn because of educational or cultural opportunities.

PERSONAL CHARACTERISTICS OF STUDENTS GRADUATING ROM PROFESSIONAL NURSING PROGRAMS IN 1964-65

The 269 students who completed the questionnaire for thi study were senior students enrolled in diploma, associate degree and accalaureate nursing programs. They constituted approximately a 0 per cent sample of all students in the Southern New York region graating from professional nursing programs in 1964-65. Of this group, 15 (80 per cent) were enrolled in diploma programs, 29 (11 per nt) in associate degree programs, and 25 (9 per cent) in baccalaureate ursing programs.

The students in the three types of programs were alike i many respects, but the questionnaire turned up the following dissimilities:

1. More than two-thirds of the students in diploma and asociate

Table 7. Personal Characteristics of 227 Nurse Faculty Members
Initial Professional Nursing Programs
Southern New York Region, 1964-65

Personal Characteristics	Faculty					
	Diploma Programs		Associate Degree Programs		Baccalaureate Programs	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total	147	100	44	100	36	100
Born in New York	89	61	17	38	6	16
Basic or advanced nursing program in New York State	111	75	32	73	26	72
Graduates of:						
Diploma Programs	118	80	30	75	24	67
Associate Degree Programs	--	--	2	4	--	--
Baccalaureate Programs	29	20	9	21	12	33
Marital and family status						
Single	84	57	14	32	15	42
Married	63	43	30	68	21	58
One or more children	28	31	16	36	3	8
Age						
Under 30	54	37	5	11	--	--
30—39	50	34	19	43	14	39
40—49	24	16	14	32	16	44
50 or over	19	13	6	14	6	17
Major reason for working in So. N.Y. Region						
Husband's work or Family	103	70	24	55	--	--
Educational or cultural	--	--	--	--	24	67
Experience—years in nursing service						
Less than 2	43	29	2	4	10	28
2 to 5	47	32	21	48	15	42
5 to 10	57	39	21	48	11	30
10 to 15	--	--	--	--	--	--
Experience—years in Nursing Education						
Less than 2	56	38	22	50	6	16
2 to 5	41	28	15	34	10	28
5 to 10	50	34	7	16	10	28
10 to 15	--	--	--	--	10	28
Educational aspirations						
No additional degrees	52		22		11	
Bachelors	15		--		--	
Masters	52		4		2	
Doctors	28		18		23	
Obstacles to obtaining additional preparation						
Finances	67		16		15	
Time	7		6		5	

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

degree programs were born in New York State, in contrast to one-third of the baccalaureate students.

2. A higher proportion of the parents of baccalaureate students were born in the United States — more than nine-tenths vs.

Table 8a. Personal Characteristics of 269 Senior Students Enrolled Diploma, Associate Degree and Baccalaureate Programs in Nursing Southern New York Region, 1964-65

Characteristics of Students	Program					
	Diploma		Associate Degree		Baccalaureate Degree	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total students	215	100	29	100	25	100
Birthplace						
New York State	151	70	20	69	9	36
Other States	49	23	5	17	14	56
Outside United States	15	7	4	14	2	8
Expectations re: work						
Until retirement	29	14	19	66	2	8
Until, but not after marriage	24	11	3	10	9	36
Until marriage and after children grown	150	70	7	24	9	36
No response	12	5	--	--	5	20
Highest Position Desired						
Staff nurse	46	21	5	17	6	24
Head nurse	94	44	9	32	4	16
Supervisor	35	16	5	17	7	28
Nursing Service Director	2	1	3	10	3	12
Diploma Program-Teacher	24	11	--	--	1	4
Diploma Program-Admin.	--	--	--	--	1	4
Degree Program-Teacher	6	3	7	24	--	--
Degree Program-Admin.	8	4	--	--	--	--
No response	--	--	--	--	3	12
Highest Degree Desired						
Baccalaureate	112	52	14	48	--	--
Masters	47	22	6	21	8	32
Doctoral	1	1	6	21	4	16
None	--	--	3	10	--	--
No response	55	25	--	--	13	52
Obstacles to Further Education						
Finances	92	43	20*	69*	3	12
Time	74	34	16*	55*	7	28
Course Work	13	6	1	3	--	--
No response	36	17	--	--	15	60

*Some students included both reasons.

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

approximately three-fourths — than of parents of students in other professional programs.

3. Students in baccalaureate programs came from homes where a higher proportion of both parents had completed college, and a higher proportion of siblings over 18 were in school.
4. Approximately one-half of the students who were enrolled in diploma and associate degree programs aspired to earn baccalaureate degrees and more than one-fifth of both groups desired to earn masters degrees; nearly one-half of the baccalaureate students aspired to masters or doctoral degrees.
5. Students from all three types of programs expressed interest in holding nursing service positions in hospitals. There were differences, however, with respect to type of position. A lower proportion of diploma students desired to hold positions as supervisors or as directors of nursing service.

Table 8b. Family Characteristics of 269 Senior Students Enrolled Diploma, Associate Degree and Baccalaureate Programs in Nursing Southern New York Region, 1964-65

Family Characteristics	Program					
	Diploma		Associate Degree		Baccalaureate Degree	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Father						
Born in United States	156	73	22	76	22	88
High School graduate	137	64	20	69	11	44
Baccalaureate degree	27	13	9	31	14	56
Mother						
Born in United States	172	80	22	76	23	92
High School graduate	148	69	22	76	8	32
Baccalaureate degree	13	7	7	24	14	56
Registered nurse	15	7	2	7	4	16
Practical nurse	5	2	--	--	--	--
Siblings—one or more						
Under 18	95	44	14	48	7	28
Over 18 employed	99	46	17	58	11	44
Over 18 in school	73	34	6	21	16	64

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

Recruitment personnel who wish to capitalize on these findings will direct their materials to the audiences that have demonstrated interest in the past. Thus, young people who want a college education will be interested in the baccalaureate and higher degree programs. Recruiters who attempt to determine each student's career goal, and the program best fitted for it, will recruit better motivated students for all schools.

App. 1:16 Comparing these findings with those reported from the national Nurse Career Pattern Study reveals they have many similarities, i.e., more of the students in baccalaureate programs came from other states; more of them aspired to higher degrees; a greater proportion of the parents had earned baccalaureate degrees, and more of the mothers were professional nurses.

Since the Nurse Career Pattern Study will be continued over a 20—year period, it is an excellent source of reference for faculty, guidance counselors, and persons concerned with the recruitment of students.

HOSPITALS USED BY NURSING EDUCATION PROGRAMS

In some areas of the Southern New York region it is becoming increasingly difficult for nursing programs to locate sufficient suitable clinical experiences for students in all types of initial professional nursing programs.

The expansion of present programs and the establishment of new programs is dependent upon the availability and expeditious use of clinical resources. Even now, there is competition among nursing programs for student experience in the care of maternity, newborn and pediatric patients, and the relatively small number of patients in many of these departments makes it difficult or impossible to use the majority of hospitals for student experience. Among the hospitals in the Southern New York region that provided clinical resources for educational programs in nursing at the time the study was made, there were 212 general hospitals. Of these, 35 offered diploma programs and another 37 provided clinical nursing areas for students from one or more schools of nursing. These 72 hospitals also carried the largest part of the general care patient load in the region with a combined average daily census of

32,381 patients or 81.2 per cent of the 39,884 average daily patient census in all general care units of the region's hospitals.

It would, however, be misleading to say that students in professional nursing programs in the region come in contact with 81.2 per cent of all patients in general care units. In most of the 72 previously mentioned hospitals, only a fraction of the clinical areas were used for student experience. Should the nursing programs require more clinical practice areas, there is room for expanding the clinical practice opportunities in these 72 hospitals. On the basis of statistics alone, it would also appear that additional potential clinical practice areas exist in the more than 100 general hospitals in the region that are not now used for the clinical practice of nursing students. However, these hospitals account for less than one-fifth (18.8 per cent) of the region's patient census and are primarily small proprietary hospitals offering limited experience for students. In many instances they would not meet State criteria for student experience.

Directors and nurse teachers of the programs visited stated repeatedly that most of the unused hospitals, and most of the remaining unused clinical areas of hospitals or those that are only partially used for student practice, do not at present offer the type of clinical experiences that students require. Many examples were given to show how limitations of staff, physical facilities, and equipment prevent patients from experiencing, and students from giving, a quality of nursing care commensurate with the aims of the program.

Ten of the general hospitals which were used for clinical practice were in the Long Island area. These 10 hospitals accounted for 90 per cent of the average daily census of all general hospitals in that area. They provided some clinical experiences to four hospital programs, four associate degree programs, and one baccalaureate degree program.

Several of the programs used more than one cooperating general hospital for clinical experience. Multi-hospital usage is a characteristic of degree-granting programs. In the Southern New York region the typical associate degree program uses four hospitals for clinical experiences and the typical baccalaureate degree program uses two hospitals for clinical experiences.

Programs in the region made use of clinical areas in the 12 psychiatric hospitals that accounted for 92.7 per cent of the average daily census of all psychiatric hospitals in the region and also made use of clinical experiences in 18 special hospitals offering services other than psychiatric and general services, such as rehabilitation and chronic disease care. When shortages of clinical experiences were cited by the director and the faculty of the programs visited, however, the shortage invariably referred to experiences in general hospitals. One out-of-state hospital and two hospitals outside of the region provided obstetric and maternity experience for students from four programs offered within the region.

THE PHYSICAL FACILITY, THE ENVIRONMENT, AND STUDENT ENROLLMENTS

Staff nurses in certain metropolitan areas frequently commented during interviews on the lack of personal safety in going to and from work. Faculty and students made frequent references to the inadequacy of the physical facilities for the care of patients and for educational purposes. Therefore, an attempt was made to determine whether or not there was a demonstrable relationship between changes in the number of students admitted and graduated over a five-year period (1960-1961 to 1964-1965) and (1) the type of neighborhood in which the hospitals and residences were located and (2) the condition of the educational facility.

There was no substantial evidence that the condition of the educational facility was related to increased or decreased admissions or graduations. There was some evidence that the neighborhood in which the hospital is located may affect the number of admissions to the school of nursing since six of the seven schools that were located in "depressed" areas showed a decrease in the number of students admitted over the five-year period.

THE COST OF OPERATING THE PROGRAMS

It has been estimated that the 2,816 professional nurses who were graduated from all types of programs in Southern New York in 1965 represented an investment for their education well in excess of $15,000,000, exclusive of the cost of building construction.

App. IV
Supplemental
Information

The belief that the student in a hospital school of nursing pays for her education and living expenses in services to patients is, according to cost analysis, a fallacy. The total gross cost to the supporting institution is apt to be higher per nursing student when the institution is a hospital than when it is a college, community college, or university, due primarily to the fact that most hospital schools of nursing provide the student with board and room in addition to an education. Even when tuition and fees which the student pays plus the value of her services to patients are subtracted from the cost of graduating a diploma student, it still costs a hospital in excess of $4,000 per student for the entire three years of the program.

When the costs of operating several higher education institutions which offered associate or baccalaureate degrees in nursing were analyzed, it appeared that in the region, as elsewhere, in the nation, it costs approximately twice as much to provide a college credit in nursing as it does to provide a credit in a subject area such as psychology or sociology. One factor that bears directly upon the relatively greater cost per credit of nursing instruction is the many hours of clinical experience under the close guidance of highly skilled nurse instructors that are usually required to obtain credits in nursing laboratory in the collegiate nursing programs.

Any attempt to meet the region's need for a greatly increased number of graduates from baccalaureate nursing programs should take into account the problem of student finances. Among the three types of nursing programs in the region, students in baccalaureate programs bear a much larger portion of the cost of the program than do students in the diploma and associate degree programs, where the hospital schools or publicly supported junior colleges bear many of the costs. In the Southern New York region, however, almost all of the students enrolled in baccalaureate nursing programs are enrolled in privately operated colleges and universities which of necessity must ask the student to bear a relatively greater portion of the cost of her education. App. 1:8,9

III. DIPLOMA NURSING PROGRAMS

In the preceding sections of this report the 45 diploma programs have been treated as though they were a single group, similar in size of enrollments and graduations, in the number of agencies used for supplemental experience, and in the qualifications of faculty, since it was necessary to present only the gross characteristics of the program. In the following section, they are discussed more fully by type of hospital and accreditation status.

FACULTY

Education Preparation. Although the Southern New York region is better supplied with nurse teachers prepared at the masters level than is the country as a whole, the distribution between NLN accredited and non-accredited programs is unlike that which obtains elsewhere.

Nationwide, as of January 1, 1964, 21.5 per cent of all faculty
members had educational preparation at the masters level. Twenty-
App. 1:4p.5 three per cent of the faculty were in accredited programs and 16.6 per
cent in non-accredited programs held masters degrees.

Table 9. Educational Preparation of Full-Time Nurse Faculty
801 Accredited and Non-accredited Diploma Programs
United States, January 1, 1964

	Full-Time Faculty					
Highest Earned Credential	Total		In Accredited Programs		In Non-Accredited Programs	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Doctoral	11	0.1	11	0.2	--	--
Masters	1,924	21.5	1,577	23.0	347	16.6
Baccalaureate	4,629	51.8	3,601	52.6	1,028	49.1
Associate Degree	121	1.4	73	1.1	48	2.3
Diploma	2,254	25.2	1,584	23.1	670	32.0
Total	8,939	100.0	6,846	100.0	2,093	100.0

Source: National League for Nursing Research and Studies Service, Faculty Study, 1964 (New York: The League, May 1964), p. 5.

In the Southern New York region, approximately one-third of all
App. 1:4, p. 5 faculty in diploma programs held masters degrees, but unlike the nation
as a whole the faculty teaching in non-accredited general hospital
schools had better educational preparation, as evidenced by earned

degrees, than did those teaching in programs accredited by the National League for Nursing. (See Table 10.)

Table 10. Educational Preparation of Faculty in 45 Diploma Programs for Registered Nurses by Type of Hospital School and Accreditation Status Southern New York Region, October 15, 1965

Highest Earned Credential by Faculty	Faculty in Diploma Programs									
			General Hospitals				State Mental Hospitals			
	Total Faculty		NLN Accredited		NLN Non-Accredited		NLN Accredited		NLN Non-Accredited	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Doctoral	--	--	--	--	--	--	--	--	--	--
Masters	209	32.6	148	31.7	38	36.9	--	--	23	32.4
Baccalaureate	283	44.1	207	44.3	42	40.8	--	--	34	47.9
Associate Degree	6	0.9	6	1.3	--	--	--	--	--	--
Diploma	143	22.4	106	22.7	23	22.3	--	--	14	19.7
All Programs	641	100.0	467	100.0	103	100.0	--	--	71	100.0

Source: Data from Nurse Faculty Census of National League for Nursing, 1962.

Table 11. Full-Time Nurse Faculty Count and Budgeted Unfilled Positions Diploma Programs in the Southern New York Region October 15, 1965

Type of Hospital and Accreditation Status of Program	Number of Programs	Total Budgeted Positions	No. of Nurse Faculty Employed	Unfilled Budgeted Positions	
				Number	Per Cent
General Hospital					
NLN-accredited	23	498	467	31	6.2
Non-NLN-accredited	11	120	103	17	14.2
State hospital					
Non-NLN-accredited	10	77	71	6	7.8
Total	44	695	641	54	7.8

Source: Data from Nurse Faculty Census of National League for Nursing, 1966.

Schools in the region are able to attract and retain faculty who have better educational preparation than those teaching elsewhere in the nation. This may be attributable to two major factors: (1) two institutions preparing large numbers of faculty are located in New York City, and (2) the City itself may be an attraction to both single and married teachers.

Vacancies. As of January 1, 1964, it was estimated by the National League for Nursing that there were 9,630 full-time nurse faculty members teaching in diploma programs in the U.S. and that the number of estimated budgeted vacancies totaled 989, or 9.31 per cent. In the Southern New York region as of October 15, 1965, the proportion of budgeted vacancies for full-time faculty members was 7.8 per cent (see Table 11). The percentage of faculty vacancies in diploma programs of general hospitals that were not accredited by the National League for Nursing was twice as high as that reported by NLN accredited programs and state hospital programs. Since a similar situation obtains elsewhere in the United States it has become increasingly clear that faculty are reluctant to accept positions in programs that do not have national accreditation.

The distribution of unfilled budgeted positions was as follows:

Medical-surgical nursing	27
Maternal-child nursing	16
Psychiatric nursing	4
Science	1
Other	6
Total	54

Recruitment of Faculty. The recruitment of nurse faculty with the existing level of educational preparation is not a major problem for the directors of most diploma programs in the Southern New York region. However, 432 of the 641 present faculty members hold less than a masters degree in clinical nursing; efforts to recruit faculty at a higher educational level would change the picture materially.

Seven of the 20 directors of diploma programs interviewed were of the opinion that it is even more difficult today for a hospital program to recruit nurse instructors with masters degrees in a clinical nursing specialty than it was during the two or three years preceding 1965. This was borne out by faculty members of the associate degree programs who had previously taught in diploma programs and who had no expectation of returning to them.

The Teaching of Sciences. Information regarding the faculty that taught sciences was incomplete since only nurse faculty members were included in this study. Even so, it is evident from the data submitted that both nurses and non-nurses were teaching sciences in the nursing schools. Some of the nurses who taught sciences possessed both bachelors and masters degrees. But non-nurse faculty members held masters degrees, and one, a Ph.D. The teaching of sciences by nurses will present an increasingly greater problem each year since none of the graduate programs in nursing now prepare nurses to be science instructors for schools of nursing. The graduate program in New York City that formerly prepared the largest number of nurse science teachers in the country has been discontinued.

Table 12. The Teaching of Sciences in 45 Diploma Programs
The Southern New York Region, 1964-65

Type of Hospital and Accreditation Status of Nursing Program	Total No. of Programs	Programs in Which Sciences Were Taught			
		School of Nursing	Community College	Senior College or University	No Information
General hospital					
NLN-accredited program	24	21	1	1	1
Non-NLN-accredited program	11	5	2	3	1
State hospital					
Non-NLN-accredited program	10	0	3	7	0
Total	45	26	6	11	2

Source: The Study of Nurse Education Needs, Southern New York Region.

CLINICAL NURSING EXPERIENCE

General Hospital Programs. The diploma programs conducted under the auspices of general hospitals are relatively self-sufficient. All nursing experience other than psychiatric nursing is usually obtained in the home hospital. However, it is sometimes found necessary to arrange for outside experience for students in maternity, pediatric or other clinical services. When students are assigned to other hospitals to obtain their psychiatric or other nursing experiences, the receiving hospital provides the instruction and houses the students during this period.

The affiliation of the programs studied varied among the schools as follows:

1. Psychiatric Nursing
   a. Thirty schools arranged for a 12-week or 3 calendar month psychiatric affiliation with a state or private institution.

   b. Two schools arranged for an 8-week affiliation.
   c. Four schools used the clinical facilities of their own hospitals for teaching psychiatric nursing.

For the most part the schools used the state hospitals for psychiatric affiliations.

      (1) Eighteen schools affiliated with 11 state hospitals. (Ten of the 11 state hospitals accepting affiliating students also conducted their own diploma program.)
      (2) Two schools affiliated with Veterans Administration hospitals.
      (3) Six schools used voluntary institutions.
      (4) Six schools used city or county institutions.

2. Maternity and Newborn, and Pediatric Nursing
   a. Three schools arranged 12-week affiliations for maternity and newborn nursing.
   b. Four schools arranged 12-week affiliations for pediatric nursing.
3. Other Affiliations
   a. Two schools arranged 4-week affiliations for tuberculosis nursing experience.
   b. One school arranged a 4-week affiliation for orthopedic nursing.
   c. One school arranged a 4-week affiliation for neurological nursing.
   d. Two schools arranged 2-4 weeks for rehabilitation nursing experience.

State Hospital Programs. Unlike the general hospital diploma program, the ten state hospital programs were dependent upon other institutions for all clinical nursing experience other than psychiatric nursing. In most instances faculty from the state hospital schools accompanied their students and assumed full responsibility for teaching and supervision.

Approximately 12 weeks for each subject were spent away from the home hospital gaining clinical experience in medicine, surgery, obstetrics and pediatrics and, in addition, five of the schools arranged for supplemental experiences of two to eight weeks in rehabilitation or tuberculosis nursing. The time spent in other hospitals ranged from 36 to 65 weeks. The varying lengths of time spent in affiliations were as follows:

Students in one school were away from the home hospital for 36 weeks.
Students in one school were away from the home hospital for 48 weeks.
Students in four schools were away from the home hospital for 51 to 52 weeks.
Students in two schools were away from the home hospital for 60 to 65 weeks.
Two schools did not specify the length of the affiliations.

The state hospital programs have the highest attrition rate possibly because the teaching of sciences and four of the five clinical nursing subjects outside the home school contributes to the dissatisfaction and subsequent withdrawal of students.

CLINICAL EXPERIENCE

Directors of diploma programs attached relatively greater importance to the student's clinical experience than did the directors of baccalaureate and associate degree programs. It was the opinion of several directors that the hospital school claims to excellence were the actual first-hand experiences with many kinds of patients with differing degrees of illness and the inclusion of evening and night experience. One director said that the clinical experiences were "the only thing we have left to be proud of" and that if all the clinical experiences in hospital programs are shortened in "imitation of associate degree programs, hospital programs will soon cease to exist."

STUDENTS IN DIPLOMA PROGRAMS

Recruitment of Students. The Council study revealed that recruitment of nursing students poses three types of problems for the directors of hospital schools. These problems are concerned with admission of qualified students, guidance provided by high school counselors to prospective students, and negative attitudes toward hospital programs expressed by nurse leaders in the region.

In approximately two-thirds of the hospital programs visited, the directors stated that they would have preferred to admit more and better qualified students to the freshman class than they have been able to enroll in the past. Several of the directors suggested that in their opinion the recruitment problems of diploma programs in the region stemmed from one fact—that hospitals were looked upon as service agencies, but that candidates for teaching positions were attracted to institutions that were classified as schools.

Many members of the faculties expressed the belief that high school counselors in the region could do a much better job of recruiting for all types of nursing programs than they are doing at present. Most diploma program directors said that the girl who is college material should be encouraged to enter a baccalaureate nursing program. They pointed out that counselors need a much better knowledge of nursing education than they now possess in order to select, from among high school graduates who are not "college material," those who have the personal qualities and scholastic abilities suited to the diploma program.

Several directors made the point that the trend toward shortening the diploma program from three years to two years might be used by the high school counselor to recruit girls who can invest two years in professional training.

FACTORS ATTRACTING STUDENTS TO DIPLOMA PROGRAMS IN THE REGION

During the Council survey, students in all programs were asked why they had chosen a school in the Southern New York region and why they had chosen a particular school. In most instances, the student's reply to both questions was identical.

One-third of all students replied that the reputation of hospital and school was the decisive factor. One-fifth indicated that the personal interest shown in them shown by the faculty during the period when they were applying for admission to the school had had greatest influence.

One-eighth of the students cited each of three additional factors as a major reason for their choice: (1) nearness to home; (2) religious affiliation of school or hospital; and, (3) the net tuition and total expenses were somewhat less than the cost of other types of programs.

It is of interest to note that faculty when asked why the students chose their schools, gave first importance to the cost of programs—the factor long stressed to the public—and failed to recognize the influence of their own attitudes on the students at the time of application.

It is suggested that recruitment materials and practices should give greater emphasis to factors that are considered most important by the student and that faculty members and counselors be briefed on this important finding.

Table 13. Rank Order of Factors that Attract Students
According to Students and Faculty Response
Diploma Programs in Southern New York

Factors Attracting Students	Rank Order of Student Response	Rank Order of Faculty Response
Reputation of school and/or hospital	1	2
Personal interest in student at time of application	2	-
Nearness to home	(3)	3
Religious affiliation of school or hospital	(3)	4
Cost of program	(3)	1

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

Attrition. At the time the Council study was initiated, there were 45 hospital programs. Of these, 34 programs, each of which were 36 months in length, furnished comparable data for use in determining withdrawal rates for classes admitted in 1960-1961 and graduated in 1963-1964. For classes admitted in 1961-1962 and graduated in 1964-1965, only 30 could be compared.[1]

The rate of attrition of diploma programs in the region was similar to those of comparable length in the State of New York for those classes admitted in 1960-1961 and graduated in 1963-1964; however, it was lower for the region than that for comparable programs in the

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[1] It was during this period that the length of many programs was being reduced.

Table 14. Attrition Rates for Classes Admitted to Diploma Programs Southern New York Region 1960-1961 and 1961-1962

Classes	No. of Programs	Attrition Rate Mean	Median	Range
Classes admitted in 1960-1961 and graduated in 1963-1964	34	31.0	31.1	0-58.0
Classes admitted in 1961-1962 and graduated in 1964-1965	30	27.0	29.2	0-58.3

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

entire State for classes admitted in 1961-1962 and graduated in 1964-1965.[2]

Factors Influencing Withdrawal of Students. Student and faculty responses to the question, "Why do desirable students drop out of the nursing program?" brought to light several problems that confront those who are planning nursing education in the Southern New York region. The two reasons given most frequently by students were disillusionment with nursing practice as it exists in the area, and disillusionment with the status of nursing. These accounted for 77 (37 per cent) of their responses. The heavy load of combined class work and clinical practice was listed by 50 (24 per cent) of the students as the reason for withdrawal. Many students said that the withdrawal of students who might have been good nurses was the result of frustration or tension growing out of strained interpersonal relations with teachers, supervisors, or others in the hospital setting. This response was given by 36 (17 per cent of the students). Some of the students said that "desirable" students withdrew as a reaction to the growing criticisms of the diploma program as a type of nursing education; twenty-five (12 per cent) listed this as the reason for "dropouts." One student said, "They got tired of hearing that the diploma school is no good." However, in most of the diploma programs, the students who gave this response indicated that they themselves still believed that the diploma program was a good type of preparation for nursing.

A minority of the students expressed sarcasm or regret that they had chosen to enter a hospital school in the first place. Some of the written comments from these students were, "We didn't know what we were getting into"; "We didn't know the advantages of the other nursing schools"; "They left to get into better collegiate schools."

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[2] Attrition rates for programs of comparable length in total U.S.A. were not available.

Table 15. Rank Order of Factors Influencing Withdrawal of Students
According to Student and Faculty Response
Diploma Programs in the Southern New York Region

Factors Influencing Withdrawal	Rank Order of Student Response	Rank Order of Faculty Response
Disillusionment with nursing practice as its exists	1	1
Heavy load of classwork and clinical practice	2	-
Strained interpersonal relationship with teachers, supervisors, etc. in hospital	3	-
Continuous criticism of diploma programs as "no good"	4	3
Some very able students lose interest and withdraw	-	2

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

The reason for withdrawal given next most frequently by teachers was that some of the capable students who enter the hospital program with enthusiasm gradually lost interest and withdraw. Faculty members also said more frequently than did the students that it was the criticism leveled at hospital schools by nurse leaders in the region that was responsible for the withdrawal of desirable students. Like the previously mentioned minority of students who were sorry they had chosen hospital programs, a minority of the teachers said that collegiate programs were "better" or had "more advantages."

Graduations. The preceding table makes it evident that programs accredited by the National League for Nursing account for the greatest number of graduates per program—a mean of 75 in 1964-1965 in contrast with a mean of 25 from non-accredited general hospital programs and 12 from non-accredited state hospital programs.

It was the National League for Nursing accredited programs that contributed 92 per cent of the total increase in the number of graduates

Table 16. Percentage Distribution of Graduates of Diploma Programs by Type of Hospital and NLN Accreditation of Program Southern New York Region, 1959-60 and 1964-65

	1959-60				1964-65				Increase 1965 over 1960
	Number of Programs	Graduates		Mean per Class	Number of Programs	Graduates		Mean per Class	
		No.	Per Cent			No.	Per Cent		
General Hospital									
Accredited programs	25	1,189	77.7	47.4	24	1,791	82.0	74.6	602
Non-accredited programs	12	265	17.3	22.1	11	275	12.6	25.0	10
State Hospital									
Non-accredited programs	8	76	5.0	9.5	10	119	5.4	12.0	43
Total	45	1,530	100.0	34.0	45	2,185	100.0	48.5	655

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

from all the diploma programs during the five-year period (602 of the 655).

Plans for the Future. During its survey, the Council questioned the students regarding their plans for the future. All students said that they planned to practice in the Southern New York region for at least a short period of time after graduation. When asked if they expected to practice in the region for at least five years, one-half of the students replied affirmatively. Although the reason given most frequently for leaving the region was marriage, approximately 20 per cent of the students who did not plan to be practicing in the region five years later stated that they would still be practicing elsewhere.

Suggestions of Students and Faculty for Improvement of Diploma Programs. Faculty and students in all types of programs were asked to respond to the question, "If a sizeable amount of money were given to improve the nursing education program, how in your opinion should the money be spent?"

Students in diploma programs stated most frequently that money spent to improve their programs would be best used in improving the physical facilities, including classroom and residence facilities. The second most frequently given student suggestion was that the money be used to improve the clinical facilities for patients in the hospital, as poor facilities for patient care hampered their education more than anything else. There were numerous comments on the lack of agreement between what they were taught to do in the classroom and what they were actually able to do in the patient care units, due to the shortage of staff nurses and adequate physical facilities. One student, when asked if she meant that the money to improve her education should be spent to hire additional staff nurses, replied, "Yes. If there were more nurses, we could spend more time learning and not in staffing the hospital." The third most frequent suggestion was that the money be spent for additional teachers or better qualified teachers. Although one suggestion was given with great frequency, it was made by students in only a minority of the diploma programs visited: that the money be spent to replace the diploma programs with those that could grant a college degree.

The faculty members most frequently suggested that these hypothetical funds could be best used to improve the program by increasing the number of faculty, to help faculty members upgrade their qualifications, and to increase the salaries of faculty members. The next most frequent suggestion was that the money be used to improve the physical facilities for the educational program. Next in order was the suggestion that it be used to improve the nursing care units that were used for the students' clinical practice. Their fourth most frequently given suggestion was that it be used to establish a degree-granting program that would replace the hospital program. Although the rank order differed, faculty responses were in accord with those of the students.

The three most frequent answers by both students and faculty compared as follows:

Rank Order of Student Suggestions	Rank Order of Faculty Suggestions
1. Improve physical facilities for educational programs and residence.	1. Increase number of faculty, salaries and qualifications.
2. Improve clinical facilities for giving care to patients in the hospital.	2. Improve physical facilities for educational program.

3. Increase number of faculty.	3. Improve nursing care units used for student practice.

Plans for Expansion of Programs. Many directors of diploma programs expressed deep concern about the region's lack of nurses, and explained that expansion of the diploma programs could contribute to a solution of the problem by increasing the number of technically skilled nurses, and by providing high standards of bedside nursing performance.

When program directors in the Council survey were asked how much expansion was planned for their programs within the next 10 years, one-third stated that they were aware of plans for expansion over a 10-year period and were confident that these plans would be realized. Another one-third appeared to have adopted a "wait and see" attitude about the future of the program a decade hence. As one of these explained, "It will depend on what direction nursing will take by that time. Who knows? We may be a junior college or collegiate program by then." The remaining directors were pessimistic about any expansion of the diploma (hospital) programs in the next 10 years, and two of this group were convinced that by 1975 their diploma programs would be out of existence.

IV. ASSOCIATE DEGREE PROGRAMS IN NURSING

There are 13 associate degree programs in the Southern New York region—eleven of these are described in this chapter. The other two had not yet graduated a class at the time of this survey.

The associate degree programs in nursing have experienced a phenomenal increase in number of programs and in student enrollments in the Southern New York region. Undoubtedly, they will continue to increase in popularity during the coming decade. The length of the associate degree program (2 years), the curriculum, and the environment of the community college make it attractive to many students who might otherwise have little interest in nursing. The proximity of the community colleges to the students' homes and the financial support of the programs by the communities appeal to both students and parents. The availability of clinical resources and teachers in the metropolitan areas increases the probability that these programs will continue their rapid expansion. Whether or not the colleges, the hospitals, and the community will wisely use these resources may depend in part upon the planning recommended and the action initiated by the Committee on Nurse Education Needs of the Hospital Review and Planning Council of Southern New York.

FACULTY

Educational Preparation. The educational preparation of the nurse faculty teaching in associate degree programs in the Southern New York region is superior to that of faculty teaching in similar programs in other parts of the country (Tables 17 and 18).

It is interesting to note that in the Southern New York region one-third of all faculty members hold doctorates and nearly one-sixth of all have masters degrees. Also, in the region, faculty averages nearly eleven teachers per program, but in the nation, the figure is less than six.

It is not surprising that there is a high concentration of well-prepared faculty in this area, since the first associate degree programs in the country were established in the Southern New York region and the largest masters program preparing teachers for junior and community colleges is in New York City. In direct contrast are the many programs that have been established elsewhere with faculty of lesser educational preparation.

Table 17. Educational Preparation of Nurse Education Faculty
Eleven Associate Degree Programs
Southern New York Region

Highest Earned Credential	Faculty	
	Number	Per Cent
Doctoral	4	3.4
Masters	106	91.4
Baccalaureate	6	5.2
Total	116	100.0

Source: Nurse Faculty Census of National League for Nursing, 1966.

Table 18. Educational Preparation of Nurse Education Faculty
One hundred Fifty-eight Associate Degree Programs
United States, October 15, 1966

Highest Earned Credential	Faculty	
	Number	Per Cent
Doctoral	12	1.3
Masters	618	68.3
Baccalaureate	257	28.4
Associate Degree	4	0.5
Diploma	13	1.5
Total	904	100.0

Source: Nurse Faculty Census, National League for Nursing, App. 1:p.9.

Vacancies and Recruitment of Faculty. Two of the eleven schools reported four budgeted vacancies (3.3 per cent) in the Southern New York region; two were in the field of maternal-child nursing, one in medical-surgical nursing, and one in psychiatric nursing. Among 82 programs in the United States reporting on January 1, 1964, 31 (5.9 per cent) of the budgeted positions were unfilled.

When interviewed, the directors of associate degree programs were relatively confident that they would be able to continue to recruit well-qualified faculty. In two of the 11 associate degree programs that were visited, both of which were located at least 50 miles from New York City, there were indications that faculty recruitment was limited almost entirely to nurses whose husbands were working in the local area. Directors of these programs stated that it was extremely difficult to attract highly qualified nurse faculty members to the program unless they had some family ties in the area. Although the 11 directors expressed no concern that faculty members were drawn almost exclusively from masters programs in the region, the effect of academic inbreeding of faculty may become a more serious problem in years to come.

Hospitals Used for Clinical Experience. Of the eleven associate degree programs in the Southern New York region described in this section:

> Five programs used three general hospitals for clinical experience for students.
>
> Five programs used two general hospitals.
>
> One program used six general hospitals.

There appeared to be no relationship between size of program, the number of its faculty, and the number of hospitals used for teaching. For example, the program reporting the largest enrollment (292) and the largest number of faculty (34) in 1964-1965 used only three hospitals, whereas the program using six hospitals reported an enrollment of 100 and a faculty of 14 for the same year.

Most of the directors of associate degree programs were aware of a number of obstacles in the way of providing optimum clinical experience for the rapidly expanding programs, but were completely optimistic about the chances of overcoming the obstacles. Many described measures that were planned or were already in action to increase the opportunities for clinical learning experiences and to make for more efficient use of the existing opportunities. Some of the measures exhibit evidence of creativity and ingenuity in planning.

One associate degree program has, using closed circuit television, extended the contributions of the clinical practice area and the clinical faculty in its educational program; another has worked out cooperative arrangements with a hospital that has a practical nursing program. Both programs are able to use the same setting for clinical experience without any noticeable complications or conflicts. However, as the associate degree programs increase in size, this type of staggered scheduling may not continue to be possible.

Some of the associate degree programs have secured, or are attempting to secure, state approval for the use of nursing homes or proprietary hospitals for their students' clinical experiences.

In the six associate degree programs that are furthest distant from the New York City metropolitan area, both faculty and students have organized car pools or other plans of shared transportation in order to commute to and from the clinical practice areas. The rigors of commuting did not appear to diminish the enthusiasm of either faculty or students. It was reported, however, that the heavy schedules and travel were major reasons for other students having withdrawn from the programs.

Clinical Experience. The associate degree programs in the Southern New York region used a total of 32 general hospitals to provide clinical experience in medical-surgical nursing, maternal-child nursing, and fundamentals of nursing. Although the mileage from the colleges to the general hospitals was less than that to the psychiatric hospitals, only one-fourth were two miles or less from the college. Public transportation could be used by students and faculty to reach 50 per cent of the hospitals. Distances traveled are as follows:

Distance from College to Hospital	Number of Hospitals
Less than 2 miles	8
2 to 4 miles	12
5 to 10	6
10 to 15	5
25	1

Psychiatric Nursing Experience. The 11 associate degree programs used nine institutions for psychiatric nursing:

Six programs used five of the state hospitals offering diploma programs in nursing.

Three programs used two Veterans Administration hospitals.

One program used a voluntary psychiatric hospital.

One program used a county psychiatric hospital.

Distances from the colleges to the psychiatric hospitals range from less than two to 30 miles. Students in six colleges could either use public transportation or supply their own. It was necessary for students in four other colleges to provide their own means of travel, since public transportation was not available. The college most distant from the hospital provided transportation for students. Travel distances are as follows:

Distance from College to Hospital	Number of Hospitals
Less than 2 miles	2
2 to 5 miles	5
10 to 15	2
15 to 30	2

STUDENTS

Recruitment. The Council survey found that the directors of associate degree programs in the region saw no probems of any consequence in recruitment of students for associate degree nursing programs. In practically every program visited, sufficient freshman students had been admitted to fill all available places. Although certain of the directors indicated that complications had arisen because of the admission procedures of the colleges offering the programs, these either did not appear to be pressing or were in the process of being resolved. At the time of the study, the nursing programs were not affected by the budgetary or space limitations which have forced other colleges to deny admission to qualified students.

Factors Attracting Students to Associate Degree Programs. Students were asked why they chose a school in the region and why of all similar schools in the region, they chose the one they did. Responses indicated geographic location was more important to students then merits of a particular school. More than three-fourths of the students replied that nearness of the school to home and family was the major reason for their choice. The remaining students mentioned minimal expense, type of curriculum, and religion as factors influencing the choice of a particular school.

Faculty perceptions of students' choice of a particular school of nursing generally agreed with those of the students. The majority of teachers in associate degree programs said that the student's choice was influenced most by the nearness of the school to the student's home. Approximately one-third mentioned the length of the program and its lower costs.

A nationwide long-range study of the characteristics of students in the various types of nursing programs was initiated in 1962 by Dr. Barbara Tate of the National League for Nursing. It is of interest to note that throughout the nation considerably older students are taking App. 1:16 the opportunity to attend the associate degree and practical nursing programs. Much pertinent and valid data is being released each year as this study progresses that should be invaluable in the counseling and recruitment of candidates for nursing.

Attrition. Of the 13 associate degree programs in the Southern New York region, the nine that admitted classes in the fall of 1962 and the fall of 1963 provided comparable data for use in determining attrition rates.

Table 19. Attrition Rates for Classes Admitted September 1962 & September 1963
Nine Associate Degree Programs, Southern New York Region

	Attrition Rates		
Classes	Mean	Median	Range
Admitted September 1962; graduated June 1964	43.5	41.5	24.6 - 59.0
Admitted September 1963; graduated June 1965	49.2	51.3	29.6 - 69.5

Source: Study of Nurse Education Needs in Southern New York, Hospital Council.

The comparable mean national attrition rate for classes admitted in 1962 and graduated in 1964 was 41.5 per cent; that for classes admitted in 1963 and graduated in 1965 was 43.3 per cent. The attrition rate for the region is higher than for the nation as a whole.

The increase in the mean attrition rate for the classes admitted in 1963 is disturbing. Only one program reported a low proportion of dropouts; two remained relatively unchanged; but six experienced sizeable increases in withdrawals. There was no apparent relationship between size or location of program and the increased number of dropouts. Were attrition rates of this magnitude to continue, it would constitute a serious problem for students and student advisers, as well as for recruitment and public relations for nursing education within the community.

Factors Influencing Withdrawal of Students from Associate Degree Programs. Student and faculty responses to the question, "Why do desirable students drop out of the nursing program?" were not in agreement (see Table 20).

The majority of students said that the extremely heavy schedules of classes and clinical practice were responsible for the withdrawal of desirable students. Students in a number of programs said that their schedules were tightened further by the time that had to be spent in traveling to and from the clinical practice areas.

The second largest number of students said that capable classmates withdrew because of disillusionment with nursing practice. However, in explanations given to support the response, associate degree program students were apt to express some disappointment that former classmates were not able to overcome their disillusionment. Several students who were married women with families said that the withdrawing student was often too inexperienced in the benefits of being of service to others to overcome the disillusionment.

Table 20. Rank Order of Factors Influencing Student Withdrawal
Students and Faculty of Associate Degree Programs
Southern New York Region

Factors Influencing Withdrawal	Rank Order of Student Response	Rank Order of Faculty Response
Overly heavy schedule (class, clinical, travel)	1	3
Disillusionment with nursing practice as it exists	2	-
Loss of Interest	-	1
Marital complications and finances	3	2

Source: Study of Nurse Education Needs, Hospital Council.

The response given most frequently by associate degree program students — the heavy schedule — was not a response given frequently by their instructors. The faculty group most often stated that the students who withdrew, even though they had the abilities needed to complete the program, were students who had lost interest in the program. Faculty members from several associate degree programs gave examples of certain students who had entered the program with great enthusiasm yet by the end of the first year apparently had lost their ardor for nursing and frequently had developed an interest in totally different directions.

The associate degree faculty put more stress upon the significance of marital complications and financial problems as the cause of student withdrawals than did the students themselves, and the second and third largest numbers gave these as the reasons for student withdrawals. No faculty member voiced the opinion frequently expressed by the students that their classmates who had left were disillusioned by the nursing care given to patients.

Plans for the Future. All students said that they planned to practice nursing for at least a short period of time after graduation, and the majority said that they planned to practice until they married. The students who planned to marry hoped to return to nursing when their children reached an elementary school age. Two-thirds of the associate degree students said that they planned to practice in the Southern New York region for at least five years. (This was in contrast to one-fifth of the students in baccalaureate programs and one-half in diploma programs.) With few exceptions, the students in associate degree programs who said that they did not plan to practice in the region beyond the next five years also indicated that they did not plan to practice elsewhere after that time.

SUGGESTIONS OF STUDENTS AND FACULTY FOR THE IMPROVEMENT OF THE PROGRAMS

When asked how a sizeable amount of money might be used to improve the program students in associate degree programs stated that any additional funds should be used to improve instruction in clinical practice areas, but they also added that the money should be used for more than merely hiring additional clinical instructors. Many of these students said that in order to improve clinical instruction, money would have to be spent for the improvement of the physical facilities for nursing care in the hospitals. When students suggested that money be spent to improve the education facilities of the college nursing departments a large majority suggested that what was most needed was a section resembling a hospital clinical practice area where the student could practice nursing procedures before performing them in the hospital setting. (Note: There has been a trend to dispense with such laboratories in schools which have had them.)

The third most frequent suggestion was that the funds be used for financial assistance to students. Rarely was the suggestion limited to scholarship aid. More often it was recommended that in addition to scholarship aid, money should be used to reimburse students for the expenses they incur in commuting to and from the cooperating hospitals used for clinical practice. Five students recommended that money be used "to change the program into a baccalaureate program."

It was interesting to note that the suggestions of the associate degree faculty for use of money all related in some way to bettering their own situation — not that of the students or patients. Associate degree program teachers most frequently suggested that money be spent to increase the salaries of the present faculty. The second most frequent suggestion was that the money be spent for improved physical facilities for teaching, and the third most important suggestion was to use the money to hire additional clinical instructors.

In responding to a list of ten desirable changes, associate degree faculty rated as most valuable, in the following order: "additional, conveniently located clinical resources," "greater exchange of ideas between our faculty and the faculties of other programs," and "improved relationships with personnel in the clinical agencies."

The three most frequent answers by both students and faculty compared as follows:

Rank Order of Student Suggestions	Rank Order of Faculty Suggestions
1. Improved clinical areas--more teachers and better facilities for patient care.	1. Increased salaries and benefits for faculty.
2. New or improved classroom facilities and a laboratory for practicing nursing procedures.	2. New or improved physical facilities for teaching.
3. Increased scholarship aid for students.	3. Increased number of faculty.

Expansion of Programs. Practically all of the directors of associate degree programs felt that their programs contributed most by producing in a short space of time a nurse with technical skills who was a more mature person because of the experiences she had had in general education as well as in nursing. These directors stressed not only the development of the nurse during the program, but stressed also the development of potentials for growth both as a citizen and as a nurse. Directors of associate degree programs believed that the expansion of their type of program would provide the best possible remedy for the present shortage of nurses in the Southern New York region since the programs appeal to students desiring a collegiate program and because it is completed in less time than that required for the diploma programs.

Any estimate for enrollments in associate degree nursing programs in Southern New York must include, in addition to the directors' predictions for existing programs, a hypothetical prediction for three new associate degree programs that have begun or shortly will begin to function, even though none of them were graduating students as of October 1965. The estimated maximum number of enrollments in associate degree programs within the next five to 10 years is expected to be 2,800 students. According to present attrition rates, approximately 1,100 nurses would graduate from these programs annually.

V. BACCALAUREATE AND HIGHER DEGREE NURSING PROGRAMS

Nine baccalaureate programs and one masters program were included in the study.

The baccalaureate nursing programs in the Southern New York region are similar to those throughout the United States in that they are conducted by both public and private senior colleges and universities that may or may not have their own medical centers. The numbers of baccalaureate programs and graduates in the Southern New York region have tended to increase slowly, as have those throughout the country.

Unlike those in the rest of the nation, none of the baccalaureate nursing programs in this region which are located in medical centers of medical schools and which use the clinical resources of the medical centers of the university are truly a part of the total university. Hence, both students and faculty have minimal or no contracts or relationships with the other schools in the university. The reasons for this separation are historical in nature. At the time these medical centers were established, medical schools with which they were connected saw no need to be a part of the university and flourished with or without proximity to other disciplines.

There is a slow rate of increase locally, yet baccalaureate programs elsewhere in the country contributed not only a larger number of graduates but also a larger proportion of graduates in 1964-1965 than they did in 1960-1961. During the five-year period, the number of graduates nationally from initial baccalaureate programs increased from 4,300 to 5,381. In contrast to this, the number of graduates in the Southern New York region was only 45 greater in 1964-1965 than five years earlier.

Since the baccalaureate programs constitute the most direct route for students who will later prepare for teaching, administration, consultation and research, this section of the report warrants careful consideration. Without serious thought and purposeful planning, both the nursing service needs and the educational needs of the region will continue to be unmet.

FACULTY

Educational Preparation. According to the Council study, faculty members teaching in baccalaureate programs in the Southern New York region had better educational preparation than those teaching in similar programs throughout the country (see Table 21 and 22). Faculty members with doctoral degrees were teaching in seven of the nine programs. One school (offering graduate as well as undergraduate programs) had six faculty members with doctoral degrees; three schools each had two faculty members with doctoral degrees; three schools each had one faculty member with a doctoral degree.

Table 21. Educational Preparation of Nurse Education Faculty
Eleven Baccalaureate Degree Programs
Southern New York Region, October 15, 1965

Highest Earned Credential	Faculty	
	Number	Per Cent
Doctoral	15	11
Masters	117	86
Baccalaureate	4	3
Total	136	100

Source: Nurse Faculty Census, National League for Nursing, 1966.

Table 22. Educational Preparation of Nurse Education Faculty
One hundred Ninety-seven Baccalaureate Programs
United States, October 15, 1965

Highest Earned Credential	Faculty Holding Credential	
	Number	Per Cent
Doctoral	120	4.0
Masters	2,430	81.3
Baccalaureate	432	14.5
Diploma	6	0.2
Total	2,988	100.0

Source: Faculty Census, National League for Nursing, 1966.

Although the educational preparation of faculty in baccalaureate programs is superior to that of faculty members teaching in the associate degree or diploma programs in the region, it is not comparable with that of faculty teaching in other disciplines in senior colleges or universities. The proportion of college faculty (part time and full-time Ap.1:2

in both junior and senior colleges) holding earned doctoral degrees was 36.5 in 1947-1948 and 25.9 in 1963-1964.

RECRUITMENT OF FACULTY

Only three of the nine baccalaureate programs in the region reported faculty vacancies, and the six vacancies reported were distributed among the various clinical areas.

STUDENTS

Factors Affecting Recruitment. None of the directors of the nine baccalaureate programs studied expressed any great concern about recruitment of students. Five indicated that they could have accepted more students; several others said that within the next few years they would have facilities available to accommodate a larger number of students. Several suggested means for improving recruitment of students to baccalaureate degree nursing programs. Among these suggestions were measures to inform students who planned to attend college as well as students who were already enrolled in college about baccalaureate programs in nursing and about the career opportunities for nurses who are graduates of these programs. They cited as obstacles to recruitment prevailing in the region the lack of differential salary scales for nurses with higher degrees; and the tendency of hospitals to misuse the skills of graduates of baccalaureate degree programs to an even greater extent than those of graduates of the other types of basic nursing programs.

Factors Attracting Students to Baccalaureate Programs in the Region. When students in baccalaureate degree programs were asked why they had chosen a school in the Southern New York region, one-third of the group cited the rich cultural opportunities in the region as the decisive factor in their choice of a particular school, rather than nearness to family. Another third of the group said that the reputation of the college or the school of nursing was the decisive factor. Most students in the remaining third of the group said that they were influenced most in their choice of a particular school of nursing because the college that offered the program was willing to accept college credits they had previously acquired.

Like students in associate degree and hospital programs, these students stated that they had chosen nursing because of various altruistic motives although their reasons for selection of type and location of programs differed markedly from those of students enrolled in other types of programs.

The 36 faculty members who participated in this part of the study were in agreement with the students with respect to the reputation of the school. Thirty replied that the reputation of the school, the characteristics of the program, or the reputation of the clinical areas attracted students. Two cited the desirability of coeducational study; another two cited the religious affiliation of the program, and two said that they "didn't know."

ATTRITION

It was not possible to compute a meaningful attrition rate for the baccalaureate programs, since only four of the nine programs enrolled all nursing program students as freshman and had graduated classes at the time of the study.

For these four programs, the average attrition rate was not unlike the attrition rates for all senior colleges: classes admitted in 1960-1961 and graduated in 1963-1964, had a mean attrition rate of 37.8; for those classes admitted in 1961-1962 and graduated in 1964-1965, the attrition rate of 39.6 for all four programs was markedly influenced by one program which experienced an attrition rate of 64.7.

Previous studies have demonstrated that withdrawal is greatest in the freshman year. For students entering nursing after the freshman year it becomes markedly lower each year.

FACTORS INFLUENCING WITHDRAWAL OF STUDENTS

Student Response. The majority of baccalaureate degree program students interviewed gave one of three reasons in explanation of why classmates, who appeared to be desirable candidates for the degree in nursing, withdrew from the program before graduation. As anticipated, there was closer agreement in the answers of students in the same program than among student groups enrolled in different programs. For example, "the low social status of nursing" was given by students in two schools, whereas disillusionment with nursing practice was given by students in all programs.

Again, the important and significant finding was in the most frequently given reason — that students withdrew because they were disillusioned with the type of nursing that they saw being given in the clinical practice areas. Their classmates said they anticipated that even if they graduated they would find little or no opportunity to practice nursing as they believed it should be practiced. One of the students interviewed had herself reached the decision to withdraw from the program shortly before the interview. She said that she had reached the conclusion, based on her experiences in the clinical setting, that nurses are employed to work as professional nurses and then are not permitted to do so. Instead, they are so harried and rushed by the many routines imposed upon them, which for the most part are unrelated to the care of the patient, that there is no time to give professional nursing care. The student emphasized that she was not disappointed with the nursing school program but with the realities of nursing as it is being practiced here and now.

The second most frequently given reason for withdrawals of desirable baccalaureate degree program students was that the students who withdrew failed to find any real challenge in the curriculum. It was explained further that students who left for this reason often transferred to another college, or to another program in the same college, which seemed to offer a more stimulating curriculum. The students interviewed believed that nurse instructors frequently lack the imagination and breadth of vision that instructors in other areas of the college seem to possess and, that, compared with classes in other departments in the college, nursing classes are apt to be "repetitive and boring."

The third most frequently given reason for withdrawals differed markedly from the last mentioned reasons. In this instance, the students explained that their classmates who withdrew had found the program too challenging, albeit not in the sense of an intellectual challenge. The challenge described was the result of a heavy class schedule combined with a heavy schedule of clinical practice. Students who withdrew for this reason decided that the overcrowding of activities was unreasonable and that it interfered with learning. One of the students who withdrew was quoted as saying that the overheavy schedule caused her to be "spread too thin" and therefore prevented her from doing work of the quality she was able to do in either classes or clinical experience. This and other illustrations given to support the contention that the overcrowded schedule was a reason for withdrawals invariably included comparisons of the schedule carried by students in the nursing program with the schedules of students in other programs in the college.

An additional reason, which was given much less frequently, was that nursing students in the college setting are apt to be looked down upon by the other students and to be isolated from them. The students who gave this reason thought that the low status of the nursing student was due to factors such as the low status of the nurse in the mind of the public, the separation of the nursing student from other college students during her clinical experiences (this did not occur in a number of the programs visited), and the "tuition bargain" offered by some colleges to student nurses exclusively. In connection with this reason for withdrawals, one student commented that students in other programs "are surprised that we are able to think."

Faculty Response. Faculty and students were in agreement on two of the reasons given for student withdrawals but not in accord on a third (see Table 23).

Table 23. Rank Order of Factors Influencing Student Withdrawal
Students and Faculty in Baccalaureate Program
Southern New York Region

Factors Influencing Withdrawal	Rank Order of Student Response	Rank Order of Faculty Response
Disillusionment with nursing practice as it exists	1	1
Program not challenging	2	3
Overly heavy schedules of classes and clinical experience	3	-
Low status of nursing in the college	4	-
Did not know why desirable students withdrew	-	2

Source: Study of Nurse Education Needs, Hospital Council.

As was true of the student group, the response given most frequently by faculty was that able students who dropped out were disillusioned with nursing as they saw it practiced in the clinical setting.

Unlike the student response, the next most frequently given response of the faculty was that they did not know why "desirable" students withdrew even though they did know why "undesirable" students left. The third most frequently given reason was similar to one given by students: able students who leave do not seem to be stimulated scholastically by the program.

PLANS FOR THE FUTURE

Although nearly all students interviewed stated that they planned to work in the area during the first year following graduation, during which time they planned to take the New York State License examinations, less than one-fifth of the baccalaureate students said that they planned to practice in the region for at least five years. (Two-thirds of the associate degree students and one-half of the diploma students planned to remain for at least five years.)

The majority of the students said that they planned to practice nursing until they married and to return when their children were of elementary school age. One-third, who said they would not be practicing in the region for at least five years, said that they did plan, however, to practice elsewhere.

SUGGESTIONS OF STUDENTS AND FACULTY FOR THE IMPROVEMENT OF THE PROGRAMS

When baccalaureate students were asked, as were students in the other two programs, how money might best be spent to improve the nursing program, their answers related both to the programs and to themselves.

The three improvements suggested most frequently were (1) more teachers, especially in the clinical practice areas, (2) increased scholarship aid for students, and (3) new or improved classrooms, laboratories, and student dormitories.

In two of the programs visited, the students who emphasized scholarship aid stated that other types of financial assistance would not be of value. They rejected further extension of student loans because the salaries of beginning nurses are so low that it would be unreasonable to expect the graduate to repay the loan in the first few years of her practice. They also rejected any suggestion that students of nursing should be charged lower tuition fees than other students or should receive free or partially free board and room from the institutions providing clinical experience. The major objection to these measures was that they would be limited to students of nursing and would set the student nurse even further apart from other college students than she now is.

Two of the baccalaureate faculty suggestions were in accord with those of the students. The most frequent response as to which of ten listed changes would be the most valuable for the program was the change described as "an increased number of nurse faculty members." In three of the programs, all of the faculty members contacted made this recommendation. This contrasts with the statements of the directors of associate degree programs, who did not give the impression that the need for additional nurse faculty was either urgent or extensive. The second most frequently recommended use of additional funds was to replace or renovate outmoded or inadequate educational facilities, and the third most frequently made recommendation was to use funds to increase faculty salaries and benefits.

Unlike the study participants in other types of programs, neither faculty nor students recommended changes in the facilities for patient care.

The three most frequent answers by both students and faculty compared as follows:

Rank Order of Student Response	Rank Order of Faculty Response
1. More faculty in clinical areas	1. More faculty.
2. Increased scholarship aid.	2. New or improved classrooms, laboratories, and residences.
3. New or improved classrooms, laboratories, and residences.	3. Increased salaries and benefits.

CLINICAL AND PUBLIC HEALTH NURSING EXPERIENCES

When the senior college or university offers a baccalaureate program in nursing, it may or may not have its own medical center and the college may or may not need to make arrangements for clinical experiences with hospitals that are not a part of a medical center as well as with public health agencies in the community. Nurse faculty members are responsible for the selection and supervision of student experiences in the clinical areas of the hospital and in the community. This is true whether the college uses its own clinical resources or makes arrangements with other hospitals and agencies. The programs described in this section varied greatly in the arrangements for these experiences.

Clinical Nursing. Three of these eight higher degree programs were located within medical school and hospital centers and were removed both physically and with respect to curriculum from other areas and disciplines of the college or university. These three programs used only the medical center hospitals for student experiences.

Five programs used a total of 10 general hospitals for student experiences in medical-surgical nursing and maternal-child nursing. Arrangements were also made with three state hospitals, a Veterans Administration hospital, and a voluntary psychiatric hospital for clinical experience in psychiatric nursing.[1]

Public Health Nursing. All of the senior colleges and universities in the Southern New York region provide public health nursing courses and experience as a part of the baccalaureate nursing program curriculum. All were dependent upon the official and voluntary agencies of the area and have agreements with these agencies for this experience. The data used in this section of the study were collected in the fall of 1964 and updated with respect to the current situation in the spring of 1966 by interviews with the directors of the three agencies accepting the largest number of students.

The use of public health resources in the community for teaching purposes is different in many respects from the use of clinical areas in a hospital. All but one program use more than one agency for student experience. Both the agencies and the institutions are continually confronted with questions relating to placement of students within agencies; case selection and management; faculty and staff relationships; cost to the agency, the student, and to the educational institution; and agency space for students and faculty.

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[1] Two newly established programs had not completed arrangements for the use of clinical areas for student experiences at the time the data for the study were collected.

The following factors affect the educational programs of the schools as well as the work of the service agencies.

1. Although public health nursing is a senior course for all baccalaureate programs in the Southern New York area, length of field experience is dependent upon: the objectives of each program; the number of students and faculty; the availability of experience; and the class schedule and the calendar of the college. Therefore:

   Six schools have arrangements for eight weeks, or approximately one-half semester.

   Two schools have arrangements for 16 weeks, or approximately one semester.

   One school has arrangements for 12 weeks, or approximately one-quarter.

   The number of days and/or hours per week that students and faculty from different schools spend in the agencies also varies, with the total hours per week ranging from seven to 24 (the median is 14 hours). There is seemingly little agreement among the programs with respect to the number of hours per week or to the number of weeks required for experience.

2. The heaviest student loads are carried by the Visiting Nurse Service of New York, the Visiting Nurse Association of Brooklyn and the New York City Department of Health. Since each of the nine schools uses at least two agencies, each agency has to provide space and time for students and faculty of four to six schools throughout the academic year, as well as for some students during the summer. The health departments in Westchester, Nassau, and Suffolk counties and the Visiting Nurse Association of Staten Island are each used by at least one of the

baccalaureate programs. Three other agencies are used less frequently.

3. The fees charged by the agencies, and university policies regarding the payment of fees, vary markedly. A fee of $25 per student is usual for the voluntary agencies to charge when faculty members accompany the students to the agency setting. One school pays as little as $5 per student and one school pays $30. The official agency does not charge fees but usually has a reciprocal arrangement whereby the various universities provide free tuition or scholarship assistance for agency personnel who wish to enroll for study.
4. Inadequate physical facilities impose conference and work space limitations on agency staff, students, and faculty in many of the agencies.
5. The frequent turnover of the faculty teaching public health nursing and the placement of students from the same school in various agencies makes orientation of the faculty members to the policies and procedures of the various agencies both time consuming and costly.

ADEQUACY OF RESOURCES FOR POTENTIAL EXPANSION

Despite the above-mentioned hindrances to effective planning, the directors of public health service agencies believed that it would be quite possible to increase the number of students who could be assigned to their agencies and have accordingly projected plans for such expansion. All believed that the public health nursing experience must be provided if nurses are to be prepared for professional practice.

Suggestions of the agencies for facilitating the expansion of agency resources include:

1. More extensive use of some agency resources during the summer months.
2. Implementation of plans for building or for renovation of existing agency facilities.
3. Orientation of faculty to begin prior to assignment of students and to continue throughout the year.

4. Use of better-prepared faculty for students in agency and freeing of faculty members' time from other university responsibilities to permit them to be in agency at all times when students are there.

It was of interest to note that one agency director estimated that the agency could increase the number of students per year from 154 to 276 if additional facilities were provided and if the scheduling were carefully planned and spaced throughout the year. The director of another agency indicated that although the agency accepted 130 students in 1965, it could accommodate approximately 300 in any given year. For this latter agency, work space and conference room space were not a problem. The director of a third agency believed that the number of students could be increased from approximately 150 to 185.

It is apparent that the directors of the public health agencies in the Southern New York region have been engaged in planning for better utilization of resources for teaching purposes, and have already identified ways of extending their present resources to accommodate two times the present number of baccalaureate students. If colleges and universities were to collaborate in planning, more public health nursing experience could be made available to both existing and newly developing programs.

EXPANSION OF PROGRAMS

In describing the value and purpose of the programs, directors of baccalaureate degree programs had less tendency to do so from the perspective of the needs of the region than did directors of the other two types of programs.

Of the nine directors of initial baccalaureate and higher degree programs interviewed, only two indicated that meeting the regional need for nurses was a major contribution of their program. Most perceived the unique values of their program as adding to the number of skilled practitioners who were prepared for further education on the graduate level, and for growth toward leadership positions; and of producing nurses who were oriented toward promoting and protecting the health of the public.

Two of the directors expressed irritation at the current emphasis on the duty of nursing programs to supply hospitals in the region with all of the nurses that the hospitals purport to need. One director emphasized that although the students were prepared for a profession they were not used as professional workers when they graduated. She believes that her program will help correct the erroneous impressions that to prepare for nursing is to prepare to work in a hospital and that the hospital is the primary laboratory for a nursing program. Rather, she said, the hospital is one of many community agencies, from nursery schools to old-age clubs, where students may have nursing experiences appropriate to their education and where graduates of the program may contribute to the promotion of health.

Several directors of baccalaureate degree programs had specific plans for expansion, but a larger number of them did not pinpoint the plans to a specific size of enrollment or number of graduations by a specific target year.

A rough estimate of the expected growth of baccalaureate programs in the next ten years in the Southern New York region, based upon the maximum expectations of the directors, is an increase in enrollment of 100 per cent—that is, up to 2,500 students enrolled. Individual directors cited many changes in existing conditions that would have to occur in order to reach the maximum enrollment.

If the desired changes do occur and if attrition rates in each program do not increase, the maximum number of enrollments—2,500—should provide about 600 graduates annually of initial baccalaureate and higher degree programs in the region by 1975. This would require unprecedented increases in enrollments and graduations in the region.

However, less than one-fifth of the baccalaureate students interviewed during the study expected to remain in the region longer than one year following graduation. Increased enrollments and graduations into the nursing profession must be augmented by efforts to make the practice of the nursing profession a more desirable one in the Southern New York region.

VI. GRADUATE (MASTERS) PROGRAM IN NURSING

The preparation of teachers, supervisors and administrators is of vital importance both to nursing education and service. As existing programs of nursing education expand, as new programs are established and as the educational qualifications of faculty are upgraded, increased demands for teachers are placed on the graduate programs. The construction of new facilities and the extension of health services place additional demands on the graduate programs for supervisory and administrative personnel. All this comes at a time when the graduate programs of the area are experiencing a downward trend in graduations and the increase in full and part-time enrollments is minimal.

Table 24. Graduations from Masters Program
Southern New York Region, 1960-61 to 1964-65

Colleges or Universities	Number of Graduations				
	1960-61	1961-62	1962-63	1963-64	1964-65
A	6	2	0	4	3
B	173	152	151	132	145
C	72	55	67	64	61
D	0	18	20	20	21
E	43	33	35	37	4
F	0	0	0	0	2
G	0	8	3	8	4
Total	294	268	276	265	240

Source: Unpublished Data, National League for Nursing.

Table 25. Full and Part Time Enrollments in Masters Programs
Southern New York Region, 1960-61 to 1964-65

	Number of Enrollments									
	1960-61		1961-62		1962-63		1963-64		1964-65	
Colleges or Universities	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
A	2	23	3	30	2	33	9	32	27	40
B	119	186	121	147	116	183	135	131	120	172
C	97	64	111	64	115	64	148	61	162	37
D	18	0	32	23	22	32	26	36	24	38
E	34	28	49	34	21	31	0	4	0	0
F	0	0	1	0	0	0	3	0	13	0
G	8	0	4	0	8	0	4	0	6	0
Total	278	301	321	298	284	343	325	264	352	287

Once a leading producer in the field of graduate education, the Southern New York region is now atypical with respect to the decreased number of students completing the masters programs. Elsewhere in the nation, the number of full time enrollees increased slowly but steadily during this same five year period and the number of graduates increased correspondingly.

Table 26. Enrollments and Graduations in Masters Programs
United States, 1960-61 to 1964-65

Academic Year	Number of Graduations	Enrollments	
		Full-time	Part-time
1960-61	1,009	1,424	751
1961-62	1,098	1,492	771
1962-63	1,149	1,717	755
1963-64	1,282	1,967	799
1964-65	1,379	2,100	736

Source: National League for Nursing.

If there is to be an increased supply of teachers and administrative personnel for the Southern New York region, both the schools and service agencies must encourage qualified candidates to enter and complete graduate programs and at the same time the educational institutions must intensify their recruitment efforts, and encourage enrollees to complete their educational programs.

VII. NURSING EDUCATION FACILITIES

During the course of the study an evaluation was made of the existing physical facilities at 39 of the 60 schools of nursing.

Breakdown by Program

Program	Number of Schools Visited
Diploma (Hospital)	34
Associate degree	3
Baccalaureate	2
Total	39

The survey included all nursing education areas at each of the 39 schools, except those utilized for the student's clinical experience in the hospital. When the school provided living quarters for the students, the residence was surveyed as well.

Floor plans of each school and residence to be visited were obtained and safety features of each building, and number, size, shape and location of each room were noted; detailed descriptions of all teaching spaces and offices in the schools were recorded on inspection sheets; general observations were summarized.

Major problems in the schools visited included too little space for students in residences; an insufficient number of classrooms; lack of storage areas; and not enough offices for faculty. Many of these problems could be solved by better use of space. In schools in metropolitan areas, small rooms set aside for entertaining visitors, beauty parlors, numerous pantry and laundry rooms, and excessively large recreation and living areas are luxuries which might be eliminated without harming the teaching program. This space might be better utilized for classrooms and offices. Several schools have resolved their office shortage by taking over part or all of a residence floor.

In the diploma programs, fifty-five separate buildings, constructed from 1889 to the present, were visited; only nineteen of the structures were built after 1949.

In the 34 schools observed, there was an average of 4.3 classrooms per school. These were either located with other education spaces on the same floor, or were scattered among non-education areas on the ground floor and in the basement. Nearly half of all classrooms were also used for other purposes — recreation, social events, student government, meetings of medical staff, nurses, and various civic committees of the community. Classroom use in many cases was not efficiently planned to take advantage of available space, with little attempt to suit the classroom to the size of the class. Classroom shortages were often solved by converting student bedrooms, using conference rooms, and acquiring space elsewhere in the hospital. Eleven schools were operating in facilities judged inadequate for their educational needs.

Twenty-three of the schools conducted formally scheduled classes in nursing arts laboratories at the time of the survey. Eight made use of the laboratory only for student practice and three of the schools have ceased nursing arts laboratory activity completely. The majority of laboratories in use were obsolete, and as time goes on, undoubtedly more schools will take the student directly from lecture to hospital bedside, where equipment and supplies are modern.

In the teaching of sciences, also, the trend is away from laboratory teaching within the school itself. Among the schools studied, eight purchased science instruction from nearby universities and community colleges. Three of the eight have converted their laboratories to other purposes; the remaining five were built without laboratories. Condition of fixtures and equipment in schools with operating laboratories was found to be related to the age of the building.

In general, nutrition laboratories are disappearing from the nursing school. Nearly half the schools studied were built without one.

There was a shortage of office space in the schools at the time of the survey. Those in newer plants had more adequate space; however eighty per cent of all schools studied lacked efficient office area for faculty and administration. Several schools had solved the problem by taking over other main floor areas, or by converting residence floors.

Twenty-seven of the programs had their own library facilities within the schools; the remainder shared facilities with medical personnel in the hospital. Twenty of the libraries (both types) were suitably located for quiet study, some occupying a complete floor. Fourteen libraries were in less desirable locations—along busy corridors or streets, or between rooms devoted to noisy activities. Most of the libraries had enough, or almost enough, area for reference and study demands, but at least one-third were overcrowded.

In nearly all schools visited, the administration felt that housing the students at the school was essential but the reasons varied. In metropolitan areas, directors felt that a student residence helped insure the safety of the students; in rural areas, the lack of public transportation made the residence necessary. School directors in both types of community maintained that they could attract students only if they provided living quarters. Many felt that school life helped the student to mature because it removed her from the home environment. Student living quarters were provided at all but one of the schools studied. Living quarters for some members of the faculty and administration were also provided in some schools.

The majority of the diploma programs visited had student health services separate from the hospital and sixteen maintained fully equipped infirmaries — a costly duplication of services easily obtainable in the parent hospitals.

Among the 55 buildings visited, two structures did not meet fire code requirements. Except for one facility which had narrow stairs and another with improper fire exits, the typical school plant was a fire-safe structure meeting basic fire safety codes. New school buildings, of course, had been designed to meet current codes. Several old facilities built under obsolete codes had been elaborately remodeled to comply with new codes.

Thirty per cent of the buildings showed poor interior maintenance, with cracked and falling plaster, chipped paint and broken furniture. These deficiencies were caused by neglect rather than age. Moreover, deterioration had taken its toll on the plumbing in the buildings 30 or more years old. Engineers in these buildings were forced to work with corroded water lines and leaking pipes, and obsolete plumbing fixtures.

APPENDIX 1

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APPENDIX II A

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Form to be Completed by Senior Nursing Students--Collegiate Programs

Today's Date ____________________

A. When were you born? ______ Day ______ Month ______ Year

Where were you born? ______ City ______ State ______ Country

B. Where was your father born? ______ City ______ State ______ Country

Is your father living? __________

What is (if deceased, was) his occupation? ____________________

How many years of schooling did he have __________ years.

List the highest college degree your father holds (held) if any. ____________________

C. Where was your mother born? ______ City ______ State ______ Country

Is your mother living? __________

Is she employed? (Check) No ______ Yes (full-time) ______ Yes (part-time) ______

If yes, what is her occupation? ____________________

How many years of schooling did she have? __________ years.

List the highest college degree your mother holds (held) if any. ____________________

Did she ever take a course in nursing? If so, indicate the course(s) taken:
(Check) Practical ______ R.N.: Diploma ______ Baccalaureate ______
Other (write) ____________________

D. In the column below titled "age" list the ages of each of your brothers and sisters. In the second column titled "B" or "S" write "B" if a brother or "S" if a sister. For each brother or sister who is over 18 years old, indicate in the last column what he or she is doing now: if employed, list the occupation; if in school, write type of school (such as college or trade school) and subject matter major (such as engineering).

AGE	"B" OR "S"	OCCUPATION OR SCHOOLING (IF 18 OR OVER)

E. Indicate where you plan or expect to be at each listed period following your graduation from the diploma program and if you expect to be actively employed in nursing.

PERIOD (Following Graduation)	CITY AND STATE	ACTIVE IN NURSING (Check)
6 months		Yes ____ No ____
1 year		Yes ____ No ____
2 years		Yes ____ No ____
5 years		Yes ____ No ____

F. Indicate (check) whether you intend to
______remain active in nursing continuously until you retire.
______remain active in nursing until, but not after you marry and have children.
______remain active in nursing until you marry and have children and then return to active nursing when the children have grown.

G. Indicate the highest nursing position that you hope to hold in a hospital, public health agency, or an educational institution:

POSITION		ORGANIZATION		
		Hospital	Public Health Agency	Educational
Staff Nurse				
Head Nurse				
Supervisor				
Nursing Service Director				
Instructor (Nursing Program)				
Instructor (Inservice)				
Educational Director				
Other (write)				

What is the highest qualification you want to hold in nursing? (check)

	Masters degree______
Associate degree______	Doctorate degree______
Baccalaureate degree______	Other (write)______

If you are seeking a higher degree in nursing which of these three requirements will, in your opinion, be most difficult for you? (check)
Money______
Time needed to complete course______
Course work______

H. Answer the following 7 questions as briefly as you can--in one or two words if possible. If a long explanation seems to be necessary, check with the interviewer before you write it:

What one condition or circumstance was most responsible for your decision to:

1. Choose to study nursing rather than some other course?______
2. Choose to study on the baccalaureate or associate degree level of nursing rather than some other level (eg., diploma)?______
3. Study in a college or university in this section of New York rather than elsewhere?______
4. Choose this particular college or university rather than one of the others in this area?______

In your opinion, what single factor, condition or circumstance is most responsible for:

5. Attracting college students to the study of nursing?______
6. Causing college students to prefer preparation in another profession (such as teaching or social work) in preference to nursing?______
7. Causing students to withdraw from collegiate nursing programs?______

I. Suppose that a sizeable amount of money were given to improve the nursing program in which you are enrolled.

In your opinion how should the money be spent?______

APPENDIX II B

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Form to be Completed by Senior Diploma Program Nursing Students

Today's Date ______________

A. When were *you* born? ______ Day ______ Month ______ Year

Where were *you* born? ______ City ______ State ______ Country

B. Where was *your* father born? ______ City ______ State ______ Country

Is your father living? ______

What is (if deceased, was) his occupation? ______________

How many years of schooling did he have? ______ years.

List the highest college degree your father holds (held) if any. ______________

C. Where was your *mother* born? ______ City ______ State ______ Country

Is your mother living? ______

Is (was) she employed? (Check) No ___ Yes (full-time) ___ Yes (part-time) ___

If yes, what is (was) her occupation? ______________

How many years of schooling did she have? ______ years.

List the highest college degree your mother holds (held) if any. ______________

Did she ever take a course in nursing? If so, indicate the course(s) taken:
(Check) Practical ___ R.N.: Diploma ___ Baccalaureate ___
Other (write) ______________

D. In the column below titled "age" list the ages of each of your brothers and sisters. In the second column titled "B" or "S" write "B" if a brother or "S" if a sister. For each brother and sister who is over 18 years old, indicate in the last column what he or she is doing now: If employed, list the occupation; if in school, write type of school (such as college or trade school) and subject matter major (such as engineering).

Age	"B" OR "S"	OCCUPATION OR SCHOOLING (IF 18 OR OVER)

Indicate where you plan or expect to be at each listed period following your graduation from the diploma program and if you expect to be actively employed in nursing.

PERIOD (Following Graduation)	CITY AND STATE	ACTIVE IN NURSING (Check)
6 months		Yes No
1 year		Yes No
2 years		Yes No

F. Indicate (check) whether you intend to
______remain active in nursing continuously until you retire.
______remain active in nursing until, but not after you marry and have children.
______remain active in nursing until you marry and have children and then return to active nursing when the children have grown.

If you intend to use nursing as a background for another career, name the other career______.

G. What is the highest position you want to hold in nursing? (check)
Staff Nurse ______
Head Nurse ______
Supervisor ______
Nursing Service Director ______
Diploma Program Teacher ______
Diploma Program Administrator ______
Degree Program Teacher______
Degree Program Administrator ______

Other (write)______

What is the highest qualification you want to hold in nursing? (check)
Diploma ______
Associate Degree ______
Baccalaureate Degree ______
Masters Degree ______
Doctorate Degree ______
Other (write) ______

If you are aiming for a degree in nursing which of these three requirements will, in your opinion, be most difficult for you? (check)
Money ______
Time needed to complete course ______
Course work ______

H. Answer the following 8 questions as briefly as you can--in one or two words if possible. If a long explanation seems to be necessary, check with the interviewer before you write it:

What one condition or circumstance was most responsible for your decision to:

1. Study nursing rather than some other course?______

2. Study in a diploma nursing program rather than some other type (such as a degree nursing program or a practical nursing program)?______

3. Study in the program offered by this hospital rather than that offered by some other hospital?______

In your opinion, what single factor, condition or circumstance is most responsible for:

4. Attracting students to this hospital's diploma program?______

5. Causing desirable students to drop out of this hospital's diploma program?______

6. Attracting graduate nurses to the staff of this hospital?______

7. Causing graduate nurses to leave the staff of this hospital?______

Suppose that a sizeable amount of money were given to this hospital to be spent in any way that would improve the diploma program in nursing:

8. In your opinion, for what should the money be spent?______

APPENDIX II C

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Form to be Completed by Nurse Faculty Members

A. Complete the following information about yourself.

1. Where were you born ?______ City ______ State ______ Country (If Not U.S.A.)

2. When were you born? ______ Day ______ Month ______ Year

3. Are you (check) Single_____Married_____Divorce or Separated_____Widowed_____?

4. Have you any children? (check) Yes_____No_____
If yes, write the age of each child and after each age write "B" or "G" to indicate "Boy or Girl". ______________________________

B. Complete the following information about the initial or basic nursing program from which you graduated:

1. Type of program (check) Diploma_____Associate Degree_____Baccalaureate_____

2. Location of the program ______ City ______ State ______ Country (If Not U.S.A.)

C. Complete the following information about your education beyond the basic program:

1. In addition to the basic program, do you hold any other degrees?
(Check) Yes_____ No _____

2. If yes, list each earned degree in order granted. Following the degree, give the location of the institution that granted it and following that, the major field of study or specialization.

Degree	Location of Institution	Major Field of Study

3. What additional educational program do you desire? Indicate degree sought if any and clinical and functional specialization.

4. What would help you most to achieve the desired educational program? ______________________________

D. Complete the following information about your present, past, and future activities in nursing and nursing education.

1. List your present title and position: ______________________________

2. After the nursing service positions listed below, state the number of years or experience that you have had, if any, in a hospital and in a public health agency.

	YEARS OF EXPERIENCE IN:	
POSITION	HOSPITAL	PUBLIC HEALTH AGENCY
Staff Nurse	years	years
Head Nurse	years	years
Supervisor	years	years
Director	years	years
Researcher	years	years

Other Nursing Service Experience (Describe) ______________________________ years

How many of the above years of experience did you spend in the southern New York region? The region includes all of New York City, Long Island, Dutchess County, Orange County, Putnam County, Rockland County, Sullivan County, Ulster County, and Westchester County. ________years.

3. After each nursing education position, state the number of years of experience that you have had in that position. Include your present position.

POSITION	YEARS OF EXPERIENCE
Teacher (Diploma Program)	years
Administrator (Diploma Program)	years
Teacher (Associate Degree Program)	years
Teacher (Baccalaureate Program)	years
Teacher (Masters Program)	years
Teacher (Baccalaureate & Masters Programs)	years
Administrator (Collegiate Nursing Program)	years
Researcher	years
Other (write)	years

E. Ten changes are described in the left hand column of the following table.
Consider each change as it would apply to the basic nursing program here. Then:

1. After each change put a check in one of the other columns to indicate your opinion of the value of such a change.
2. Select one of the changes that you think would be the most valuable for the program. Write "most" in the left margin in front of the change.
3. Select one of the changes that you think would be the least valuable for the program. Write "least" in the left margin in front of the change.

CHANGE	VERY VALUABLE	OF SOME VALUE	LITTLE OR NO VALUE	CAN'T SAY
An increased number of nurse faculty members				
An upgrading of the academic qualifications of the present faculty				
An increase in the number of subsidiary personnel (stenographers, clerks, etc.)				
New classrooms and/or renovation of existing areas for teaching				
More instructional resources and equipment (films, slide projectors, etc.)				
Institutional policies to permit higher admission standards for nursing students				
Additional, conveniently located clinical resources				
Improved relationships with personnel in the clinical agencies				
Extension of length and scope of students' clinical experiences				
Greater exchange of ideas between your faculty and the faculties of other programs				

F. Answer the following questions as briefly as you can--one or two words if possible. If a long explanation seems to be necessary, check with the interviewer before you write it.

What factor, condition or circumstance was most responsible for:

1. Your decision to teach in southern New York rather than elsewhere?

____

2. Your decision to accept a position on the faculty of this nursing program rather than of a nursing program in some other college in the area?

____

What single factor, circumstance, or condition do you think is most responsible for:

3. Attracting students to this basic nursing program rather than to other similar programs.

____

4. The decisions of capable students to withdraw from the program?

____

Suppose that a sizeable sum of money were to be used to improve the basic nursing program:

5. In your opinion for what would this money be spent?

____

APPENDIX II D

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

INTERVIEW STRUCTURE: DIRECTORS AND DEANS OF COLLEGIATE PROGRAMS

1. This study is concerned primarily with the contributions of nursing programs to meeting the health needs in the Southern New York Region. How, in your opinion, does your basic nursing program contribute toward meeting these needs?

2. A. How many additional nursing students could be accommodated in the program under present conditions?

   B. What factors limit the number of basic students that can be accommodated?

3. A. What do you see as the ideal--in terms of quality and quantity--faculty for a program such as yours with the existing enrollment size?

   B. To what extent have you been able to approach this ideal?

   C. What factors attract qualified teachers to positions on the faculty of this program?

   D. What factors deter qualified teachers from coming on the faculty?

4. A. What factors attract qualified students to this basic nursing program?

   B. What factors deter qualified students from enrolling in or continuing with the nursing program?

   C. What if any, changes in present recruitment efforts would you suggest in order to increase the number of persons who would be suited to the basic nursing program, who do in fact enroll in the program?

5. A. Does the program have at present sufficient, adequate opportunities for clinical laboratory experiences? If not, what additional clinical facilities are needed?

   B. Are there in your opinion changes that could occur in the cooperating agencies used for clinical laboratory that would improve the students experiences?

6. A. We are particularly interested in any plans that you, the department or the college (university) may have that could affect the number of students that graduate from your basic nursing program. Are there at present, plans or developments that can or will affect the number of students graduating from the program within the next 5 to 10 years? If so, what are the plans or developments and what do you predict will be their effects?

   B. Are you aware of any long range plans by the college (university) that will or may include the basic nursing program? If so, describe the plans and their possible effects on the nursing program.

7. Members of the Study's Special Committee and many of the persons contacted in the study so far see a need for an on-going, organized program of action that will include regional planning for nurse education. Suggestions have ranged from an organization limited to nurse educators to plan for education only, to an organization of all interested in community health needs to plan to meet the needs. What is your opinion of the need and nature of an organized program to plan regionally for nursing education?

APPENDIX II E

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

INTERVIEW STRUCTURE: DIPLOMA PROGRAM Nursing Education Director

1. Reports of studies on the need for nurses indicate that there must be substantial increases in the number of persons that graduate from basic and other nursing programs. These reports point out also that there are limits on the ability of existing programs to expand their enrollments.

    a. At this time how many additional students could be accommodated in the diploma program here?

    1a.

    b. What are the factors that limit the number of students that can be accommodated?

    1b.

    c. One factor that is commonly cited as a limitation is the number of qualified active nurse instructors. Some authorities say that the supply of qualified instructors does not adequately meet the demands of the nursing programs at present and that the instructor shortage is apt to increase. In your opinion, how many students should there be per faculty member in a diploma program?

    1c.

    d. Is there evidence of a shortage of instructors on the faculty of this diploma program at the present time? and if yes to what degree?

    1d.

    e. What in your opinion would be evidence that a diploma program with a large number of instructors was none the less inadequately staffed with qualified instructors?

    1e.

    f. Is there evidence of a lack of qualified instructors here at present? If yes, to what degree?

    1f.

    g. What is the average length of time that the typical nurse instructor remains on the faculty of this diploma program?

    1g.

    h. If you were to interview a prospective faculty member whom you wished to employ, what would you point out to her as the advantages of being on the faculty of this particular school?

    1h.

    i. Assuming it were possible to make them, what changes or innovations do you think would increase the attractiveness of a position on this diploma faculty?

    1i.

2. The report of a study of nursing education resources that was done for the New York State Education Department in 1959 recommended increased cooperation between hospital-sponsored diploma schools and nearby colleges and junior colleges. The recommended outcome of the cooperation was arrangements whereby the college would supply instruction in basic sciences and general education for diploma students.

    a. Does this diploma program have an arrangement of this sort with a college or junior college?

    2a.

    IF YES:

    b. For how long and with what type of college?

    2b.

    c. What in your opinion is the most outstanding benefit or advantage of the arrangement?

    2c.

    d. What, if any, changes in the college instruction given your students would be beneficial to the diploma program?

    2d.

    e. What, if any, changes in the working relationship between the college and the school of nursing would be beneficial to the diploma program?

    2e.

f. What is the largest number of students from this diploma program that could be instructed by the college?

2f.

g. Are there, in your opinion, additional units of instruction or courses that the college could provide for your students? And if so what courses or units?

2g.

h. Has the college ever declined to fill a request for instruction of your diploma program students? If so, what was the request?

2h.

IF YOU HAVE NO SUCH ARRANGEMENT WITH A COLLEGE:

i. Has the possibility of such an arrangement been explored? If yes, with what results?

2i.

3. Another recommendation of the New York State Education Department study was that small--less than 100 enrolled--hospital schools consolidate or make working arrangements with other hospital schools in order to make more efficient and economical use of facilities.

a. Has this school of nursing ever been approached by or ever approached another school to consider the possibility of such an arrangement?

3a.

b. If yes, what was the outcome?

3b.

c. Can you forsee any conditions under which the hospital would consider consolidating its diploma program with that of another hospital?

3c.

d. If yes: Under what conditions?

3d.

e. If no: Why not?

3e.

4. Increasing the extent of nursing education in an area entails not only an increased number of teachers and classrooms but also increased use of clinical areas where students gain experience in nursing care.

a. Would it be advisable for additional basic nursing students to have clinical experience in this hospital?

4a.

b. If yes, approximately how many more students and what types of basic students?

4b.

c. If no, why not?

4c.

d. Do nurses in graduate programs ever use the hospital for experience?

4d.

e. If Yes: Could additional graduates have experience here and if no, why not?

4e.

f. If No: What do you predict the hospital's attitude would be toward a request for the use of the clinical areas for experience in graduate nursing programs?

4f.

5. Several members of the Council's Nurse Education Committee have expressed concern over the complications that could arise as existing nursing schools plan to expand their enrollments and as other institutions plan to initiate new programs--independently of one another. Two suggestions for areawide planning groups have been made.

The first suggestion is for a regional planning association for nursing education. This group would represent all types of nursing programs, keep abreast of all plans and developments in nursing education in the area, and enable the participating institutions to coordinate their plans.

a. Do you see the need for a planning group of this sort in Southern New York at this time?

5a.

b. How in your opinion should such a group be initiated, structured and sponsored?

5b.

c. Do you think the school of nursing here would want to be represented on such a group?

5c.

ci. If No: Why not?

5ci.

A second suggested planning group was a group to plan for the use of clinical facilities for nursing care experience. Such a planning group would be composed of representatives of the hospitals that could offer the facilities and of the institutions that conduct or plan to conduct educational programs in nursing.

d. Do you see the need for such a planning group in Southern New York at this time?

5d.

e. If Yes: What organization or what sort of organization do you think should initiate and sponsor such a group?

5e.

f. If Yes: Do you think this hospital would be interested in sending a representative to such a group?

5f.

g. If No: Why not?

5g.

6. a. Is the hospital in any stage of planning or considering plans to expand the enrollment of its diploma program?

6a.

b. What degree of expansion is being considered?

6b.

c. When will the expansion be accomplished?

6c.

d. What additional personnel will be needed to take care of the expansion?

6d.

e. Are additional sources of financing anticipated and if so, what are the sources?

6e.

f. Does it appear that additional efforts to recruit students will have to be made in order to expand the program as planned?

6f.

ONLY IF NLN ACCREDITED:

g. What if any evidence is there in the applicant picture of this school of nursing that the Nurse Training Act of 1964 has had an effect on diploma program applications?

6g.

h. What Nurse Training Act funds is the hospital applying for or planning to apply for?

6h.

i. Do you attempt to inform prospective students about the provisions of the Nurse Training Act? If so, how?

6i.

APPENDIX II F

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

INTERVIEW STRUCTURE: Administrator and Nursing Service Director

1. The typical beginning question in any study of the needs for nurse education is: Is there evidence of a nursing shortage in the region? The report of a previous study for New York State Education Department indicates that there is and will continue to be a state-wide shortage of professional nurses. Findings of this sort are usually based upon the number of active professional nurses per unit of population. In the individual hospital, however, there are other signs that indicate a shortage of nurses.

   a. What would you as a (hospital administrator) (nursing service director) consider to be evidence that there was a shortage of nurses in this particular hospital?

1a.

   b. Is there evidence of a shortage of professional nurses here at present, and if yes, to what degree?

1b.

   c. Do you consider the ratio, number of beds or patients in the hospital per budgeted nurse position, to be a satisfactory measure of the hospital's nurse supply and if not, why not?

1c.

   d. What is the typical length of employment for a nurse in this hospital in each of the following positions:
   (i) general duty (staff), (ii) head nurse, (iii) supervisor

1d.

   e. If you were to interview a desirable qualified nurse whom you would like to have on the nursing staff, what would be your most effective selling point in persuading her to take the position?

1e.

   f. Assuming that it were possible to make them, what changes or innovations would, in your opinion, make a position on the staff of this hospital more attractive to prospective general duty nurses?

1f.

2. One method of compensating for a shortage of nurses is to make the best possible use of the nurses that are available. One suggestion in this direction is aimed at making better use of subprofessional nursing service personnel. The suggestion consists of, first, an analysis of the present activities of the professional nurses in activities that require professional skill and knowledge and those that do not, and second, assignment of subprofessional level activities to subprofessional personnel--such as practical nurses and aids.

   a. Has an analysis of activities of the nurses in this hospital ever been made?

2a.

   b. Yes: What was the result?

2b.

   c. No: Do you think such an analysis and reassignment is needed here and why?

2c.

3. A similar recommendation is that professional nurses also be relieved of those administrative tasks that are not essential to the performance of nursing. The nonessential administrative duties would be assigned to an administrator who is not a nurse.

   a. Has this hospital made any attempts to relieve nurses of nonessential administrative duties?

3a.

   b. Yes: What was the result?

3b.

   c. No: Do you think this would be helpful here and why?

3c.

4. Another recommendation is to make use of nurses who are not presently active in nursing. A member of the Council's Committee on Nurse Education, for instance, has suggested legislation for special income tax relief for married nurses with children.

a. Do you think that it would be desirable to have a higher percentage of reactivated nurses on your staff than you have at present? and why?

4a.

b. Do you have a refresher type of educational program for bringing inactive nurses up to date?

4b.

c. Yes: What is your opinion of its success in recruitment?

4c.

d. No: Do you think the hospital or some other (identify) institution should give refresher courses? and why?

4d.

5. The consensus of opinion in New York and elsewhere seems to be that there must be an increase in the number of persons graduating from educational programs in nursing. Such an increase would entail not only increased numbers of teachers and classroom facilities but also increased usage of clinical areas--especially hospitals--where students gain experience in nursing care.

IF HOSPITAL IS CURRENTLY USED FOR CLINICAL EXPERIENCE OF BASIC STUDENTS

a. Would it be advisable for additional basic students to have experiences here?

5a.

b. Yes: Approximately by what percent could the number of basic students having experiences here be increased? and what type(s) of basic students?

5b.

c. No: Why not?

5c.

IF HOSPITAL IS NOT USED FOR BASIC STUDENTS AT PRESENT

d. Has the hospital ever considered the use of its clinical areas for instruction of basic nursing students?

5d.

e. Yes: What was the conclusion?

5e.

f. No: What would you predict would be the reaction of the hospital to a request by an educational institution for permission to use the hospital as a clinical resource in the instruction of its nursing students?

5f.

g. Do nurses in graduate programs ever use the hospital as a clinical facility?

5g.

h. Yes: Could additional graduate nursing students have experience here and why?

5h.

i. No: What do you predict would be the attitude of the hospital to the use of its clinical facility for graduate nursing students?

5i.

6. Some of the members of the Council's Committee on Nurse Education are concerned about the complications that could arise as a number of educational institutions plan to initiate nursing programs. They say it is quite possible that several of the plans may overlap on their intended use of clinical facilities. These committee members believe that there should be regional planning for the use of clinical facilities by a planning group that will include educational institutions as well as hospitals and other agencies.

a. Do you think that there is a need for such a planning group in this region?

6a.

bi. Yes: What organization or what sort of organization do you think should initiate and sponsor such a planning group?

6bi.

bii. Do you think that this hospital would be interested in sending a representative to such a group?

6bii.

c. No: Why not? (Refers to 6a.)

6c.

7. a. Does this hospital have plans for expansion or development in the forseeable future that could require additional nursing service personnel?

7a.

b. IF YES ONLY: Roughly by what year would the additional nurses be needed?

7b.

c. Give--if you can--a rough estimate of the number of additional professional nurses that will be needed in each of these categories:
(ci) administrator-supervisor, (cii) head nurse, (ciii) general duty nurse

7c.

d. Roughly about how many additional practical nurses will be required?

7d.

e. Roughly about how many additional nurses aides?

7e.

f. Do you forsee difficulty in recruiting the additional nursing staff and, if so, in what category?

7f.

(END FOR NURSING SERVICE DIRECTOR CONTINUE WITH ADMINISTRATOR)

8. a. Is the hospital in any stage of planning or of considering plans to expand the diploma program enrollment?

8a.

ONLY IF YES:

b. By what degree will the enrollment be expanded?

8b.

c. By what date will the expansion of the enrollment be accomplished?

8c.

d. What additional personnel do you anticipate will be needed?

8d.

e. Are additional sources of financing anticipated and if so what sources?

8e.

f. Does it appear that additional efforts for recruiting students will have to be made in order to expand the enrollment as planned?

8f.

9. In 1959, the Nurse Resources Study group of the New York State Education Department recommended that if small hospital schools could not expand appreciably, they should consider consolidation or working arrangements with other hospital schools in order to lower costs and raise the quality of education.

a. Has this hospital ever given any consideration to consolidation or working arrangements with other diploma schools?

9a.

b. If yes, what was the result?

9b.

c. If no, do you think that under certain conditions this hospital would consider consolidating its diploma program with that of another hospital?

9c.

d. If yes, what are the conditions?

9d.

e. If no, why not?

9e.

APPENDIX II G

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Form to be Completed by Professional Nurse

A. Complete the following information about yourself.

1. Where were you born? ______ City ______ State ______ Country

2. When were you born? ______ Day ______ Month ______ Year

3. Are you (check) Single____Married____Divorced or Separated____Widowed____?

4. Have you any children (check) Yes_____ No _____
If yes, write the age of each child and after each age write "B" or "G" to indicate "Boy" or "Girl".
____

B. Complete the following information about the basic nursing program from which you graduated:

1. Type of program (check) Diploma_____Associate Degree _____ Baccalaureate _____

2. Location of the program ______ City ______ State ______ Country if not USA

3. How old were you when you entered the program? _____years.

C. Complete the following information about your education beyond the basic program:

1. In addition to the basic program, do you hold any other degrees?

2. If yes, list each of these degrees in order granted. After each degree give location of the institution that granted it.

Degree	City and State of Granting Institution

3. If not, do you have any credits toward a degree? (check) Yes_____ No _____
If yes, how many credits?

4. What is the highest educational qualification in nursing that you desire to hold? (check)
Diploma_____Associate Degree_____Baccalaureate_____Masters Degree _____

Doctorate_____ Other (write)______________________________

5. If you desire additional education in nursing, which one of the following requirements will in your opinion present the most difficult to you in reaching your educational goal? (check) Finances _____ Course work_____Time needed to complete course_____

D. Complete the following information about your past and future activities in nursing: 1. In the following table, place a check in the first column to indicate your present position in nursing. In the second column write in the number of years of experience you have had in each position. Place a check in the last column to indicate the highest position you desire to hold in nursing.

POSITION	EXPERIENCE	GOAL
Staff Nurse	years	
Head Nurse	years	
Supervisor	years	
Nursing Service Director	years	
Teacher (Diploma Program)	years	
Teacher (Degree Program)	years	
Educational Administrator	years	
Other (write)	years	

2. How many of the above years of experience did you spend in the Southern New York Region? The region includes all of New York City, Long Island, Dutchess County, Orange County, Putnam County, Rockland County, Sullivan County, Ulster County, and Westchester County. ______years.

3. In the following table, place a check in the first column to indicate how many more years you plan to spend in nursing. Place a check in the second column to indicate how many more years you plan to spend in nursing in the Southern New York Region.

NUMBER OF YEARS	IN NURSING	IN SOUTHERN NEW YORK
Fewer than 2 years		
At least 2 but less than 5		
At least 5 but less than 10		
At least 10 years		

4. At present what seems to be the most likely reason that you will cease to be active in nursing? (check one) Old enough to retire______Marriage and/or children______Other (write)__________

E. Answer the following questions as briefly as you can--one or two words if possible. If a long explanation seems to be necessary, check with the interviewer before you write it.

What factor, condition or circumstance was most responsible for:

1. Your decision to work in the Southern New York Region rather than elsewhere?

____

2. Your decision to work in this hospital rather than in another?

____

What single factor, condition or circumstance do you think is most responsible for the decisions of nurses generally to:

3. Leave the staff of this hospital?

____

4. Leave the Southern New York Region to work elsewhere?

____

(For Nurse Instructor)

F. Ten changes are described in the left hand column of the following table.
Consider each change as it would apply to the diploma program here. Then:
1. After each change put a check in one of the other columns to indicate your opinion of the value of such a change.
2. Select one of the changes that you think would be the most valuable for the program. Write "most" in the left margin in front of the change.
3. Select one of the changes that you think would be the least valuable for the program. Write "least" in the left margin in front of the change.

CHANGE	VERY VALUABLE	OF SOME VALUE	LITTLE OR NO VALUE	CAN'T SAY
An increase in the number of professional nurse teachers				
An upgrading of the academic qualifications of the present faculty				
An increase in the number of subsidiary educational personnel (clerks, etc.)				
New classrooms and/or renovation of existing areas for teaching				
More instructional aids and equipment (films, slide projectors, etc.)				
Use of new or additional criteria in the selection of students				
Increased emphasis on instruction in the clinical setting				
Higher or more strictly enforced academic standards for students				
Closer cooperation between the nursing service and education departments				
Greater exchange of ideas between your faculty and the faculties of other programs				

(For Nurse Instructor)

G. Answer the next three questions as briefly as possible:

What single factor, circumstance, or condition do you think was most responsible:

1. For attracting students to this diploma program rather than to other programs?

____

2. For the decisions of desirable students to withdraw from the program?

____

Suppose that a sizeable sum of money were given to the hospital to be spent in any way that would improve the diploma program in nursing:

3. In your opinion for what should this money be spent?

____

APPENDIX II H

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Statistical Data From a Diploma Program in Nursing

1. What is the correct name of (a) the school of nursing? ____________________
(b) the supporting hospital? ____________________

2. In what year was (a) the hospital founded?______(b) the school of nursing founded?______

3. How many students were enrolled in the basic diploma program on February 15, 1965?______ (Total)

1st year students ______________

2nd year students ______________

3rd year students______________

4a. How many students are enrolled in other educational programs conducted by the hospital?

NAME OF PROGRAM	NUMBER OF STUDENTS ENROLLED	SHARED FACULTY (See 4b)

4b. In the last column indicate the number of basic diploma program faculty that participate in the program. If none of them do so, write "None".

5. What person or persons administer the diploma program? (Give title and percent of time spent.)

____

____

____

6. How many weeks in length exclusive of vacations is the entire basic diploma program?______weeks.
How many weeks in each year?

1st year______weeks

2nd year______weeks

3rd year______weeks

7. How many clock hours of instruction in each year of the program?

	First Year	Second Year	Third Year	Total Hours
a. Classroom Instruction				
b. Science Laboratory				
c. Clinical Conferences				
d. Clinical Experience (Include Observations)				

8. How many clock hours of instruction exclusive of clinical experience are given in each of the following areas by year of the program.

CONTENT AREA	YEAR OF PROGRAM		
	FIRST	SECOND	THIRD
English, Speech, Composition			
Philosophy, Ethics, Religion			
History, Literature, Music			
Other (non-nursing)			
Psychology and Sociology			
Natural Sciences			
Nursing Fundamentals			
Medical-Surgical Nursing			
Nursing of Children			
Maternity Nursing			
Psychiatric Nursing			
Nonclinical Nursing*			
Other (Nursing)			

*Includes history of nursing and professional adjustments.

9. List the names of courses taught by non-nurse teachers. Check to indicate whether the course is taught by full- or part-time hospital employed non-nurse teachers or by college faculty in a regular or in a separate course.

Name of Course	Taught by Hospital Employed Non-Nurse Teachers		Taught by College Faculty	
	Full-Time	Part-Time	In Regular Course With Other Students	In Separate Course For Nursing Student Only

10. List names of all nursing courses that are taught in cooperating agencies, indicate who employs the instructor.

Name of Course	Instructor Employed By Home School	Instructor Employed By Cooperating Agency

11. How many full- and part-time nurse and non-nurse instructors are employed by the hospital for teaching in the diploma program.

______Nurses ______Non-Nurses

12. Account for each of the above instructors by highest qualification held and by the hours of employment per week in the following table.

Hours Per Week Employed	Diploma	Baccalaureate	Masters	Doctorate	Other
30 or more hours					
From 20 through 29 hours					
From 10 through 19 hours					
Less than 10 hours					

13. Identify the library (libraries)--use terms such as "separate nursing library" or "combined medical-nursing library"--that the diploma student uses in completing the typical class assignment. Indicate the total hours in the week that the student may use the library and the academic or other qualifications of the person who functions as librarian.

Type of Library	Hours/Week Open to Students	Qualifications of Librarian

14. Have you a faculty organization? (check) YES ______ NO ______. If yes, how frequently does the entire faculty organization meet? ____________________
Identify (by title) the chairman of the organization. ____________________
If you have standing faculty committees list them and the frequency of meetings.

Committee	Frequency	Committee	Frequency

15. Has the faculty an advisory committee? (check) YES ______ NO ______. If yes, from what groups are the members drawn? ____________________
____

16. Have you a separate school budget? (check) YES ______ NO ______ If yes, identify by title the person who administers the budget. ____________________
What is the total budget for the present year $ ______________. Does this include (check) direct expenses only ______ direct and indirect expenses ______ not known ______

17. List all sources of income for the diploma program besides student tuition and fees (government appropriations, endowments, etc.)

18. What are the charges per student per year for each of the following:

Pre-entrance Tests	$ ____________
Registration	$ ____________
Achievement Tests	$ ____________
Library Fees	$ ____________
Laboratory Fees	$ ____________
Graduation Fees	$ ____________
Room and Board	$ ____________
Laundry	$ ____________
Tuition to School of Nursing	$ ____________
Tuition to College	$ ____________
Tuition to Cooperating Hospitals	$ ____________
Health Fees	$ ____________
Hospitalization Insurance	$ ____________
Books	$ ____________
Uniforms	$ ____________
Other	$ ____________

APPENDIX II J

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Hospital With a Diploma Nursing Program

Note: See the sheet titled, "Information for Scheduling Interviews" for definitions of each category of person interviewed and the time for each interview. Persons being interviewed may be scheduled in any sequence. Preferably, there should be a break of 5 minutes or longer between interviews.

Please have the following schedule completed by the day set for interviews and give one copy of the schedule to the Council's representative on that day.

Category of Persons Interviewed	Interview Time		Location and Other Information
	From	To	
______________, Administrator			
______________, Director Nursing Service			
______________, Director School of Nursing			
Supervisors and Head Nurses			
General Duty Nurses			
Diploma Program Faculty (Group 1)			
Diploma Program Faculty (Group 2)			
Senior Students			

APPENDIX II K

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

STUDY OF NURSE EDUCATION NEEDS

Information For Scheduling Interviews

Hospital With a Diploma Nursing Program

CATEGORY OF PERSON INTERVIEWED APPROXIMATE INTERVIEW TIME	COMMENTS
Hospital Administrator (one 20 to 30-minute interview)	If the Administrator must be represented by another person, his representative should be knowledgeable about present and past activities of the hospital's administration unit and about the direction of plans for the future of the entire institution.
Director of Nursing Services (one 1-hour interview)	If the person holding this title is director of nursing education as well, and if she spends less than half of her time administering nursing service, substitute the assistant director for the nursing service.
Director of the Nursing School or Educational Director (one 1-hour interview)	Preferably this should not be the same person as the Director of Nursing Service. If possible, it should be someone who spends more than half of her time administering the school of nursing.
Supervisor and Head Nurses (one 30-minute single or group interview)	One or any number of supervisors and or head nurses can be interviewed simultaneously. If possible both supervisors and head nurses should be represented.
General Duty Nurses (one 30-minute single or group interview)	Any number of general duty nurses can be interviewed simultaneously.
Faculty Members (one or two 30-minute single or group interviews)	Nurse Faculty members only. Any number of faculty members can be interviewed simultaneously.
Senior Students (one 30-minute group interview)	If a class section of senior students is available include the entire section.

APPENDIX III

Projection of Number of Registered Nurses Employed in the Southern New York Region by 1975

Academic Year	Female High School Graduates During Previous Year	Admissions to Professional Nursing Programs		Graduates from Professional Nursing Programs	Calculation of Number of Registered Nurses in the Region			
		Number	Percent of Female High School Graduates		Number at Beginning of Year	Plus Graduates from Nursing Schools[1]	Less Attrition (5%)	Number at End of Year
1962-1963	......	3,280	...	2,200	......	.....	.....	......
1963-1964	......	3,480	...	2,820	......	.....	.....	......
1964-1965	......	4,030	...	2,570	40,500	1,930	2,130	40,300
1965-1966	72,540	4,210	5.8	2,710	40,300	2,030	2,110	40,220
1966-1967	73,880	4,800	6.5	3,140	40,220	2,360	2,130	40,450
1967-1968	76,300	5,190	6.8	3,280	40,450	2,460	2,150	40,760
1968-1969	81,220	5,690	7.0	3,750	40,760	2,810	2,170	41,400
1969-1970	83,140	6,070	7.3	4,050	41,400	3,040	2,230	42,210
1970-1971	82,610	6,200	7.5	4,440	42,210	3,330	2,280	43,260
1971-1972	84,570	6,600	7.8	4,730	43,260	3,550	2,340	44,470
1972-1973	88,560	6,870	7.8	4,830	44,470	3,630	2,410	45,690
1973-1974	90,900	7,270	8.0	5,150	45,690	3,860	2,480	47,070
1974-1975	93,270	7,460	8.0	5,360	47,070	4,020	2,550	48,540

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[1] Based on the assumption that 75 per cent of graduates from nursing schools will be employed in the region.

APPENDIX IV

ESTIMATES OF COST OF NURSING PROGRAMS

Harold R. Rowe

A rough estimate of the gross cost of all instruction given to 2,185 persons who graduated from professional nursing programs in the Southern New York Region in 1963 is $7,000,000. However, because over three-fourths of the graduates (1,657) graduated from diploma programs that provided the students with maintenance as well as instruction, the rough estimate of all of the cost of graduating the 2,185 persons is close to $14,000,000.

The gross cost of graduating a student from a three-year diploma program in the region is estimated to be at least $6,900 per student for instruction and maintenance. If all income from students (tuition, fees) and the estimated value of the student to nursing service are subtracted from the gross cost, the remaining amount that the hospitals had to cover from other sources of revenue was at least $4,300 per student and at least $7,000,000 for 1,657 students who graduated in 1963.

The gross cost of graduating a student from two-year associate degree programs in the region is estimated to be $2,400 per student. Allowing for the students' payments for fees and tuition, the community colleges had to use operating funds to cover a net cost of approximately $1,900 per student and approximately $430,000 for the 227 who graduated in 1963.

The gross cost of graduating a student from a baccalaureate program in the region is estimated to be $5,700 per student. Allowing for student payment for fees and tuition, the colleges and universities had to use operating funds to cover the net cost of approximately $1,300 per student.

The foregoing estimates pertain to operating costs only and do not include the cost of constructing new buildings. Operating costs as well as capital expenditures should be included in plans for financing nursing education.

The estimates indicate that increased diploma program facilities will increase the financial obligations of the hospital for functions other than care of patients. While increasing the enrollment size of the program may decrease the unit cost per student, the resulting increased deficit from the total nursing education program may have a more noticeable effect upon the financing of the total hospital.

The estimates indicate that increasing associate degree program facilities will increase the cost to the community for educating junior college students. A marked expansion of a junior college's associate degree nursing program without a similar expansion of the other existing programs could cause an increase of the cost per student enrolled in the entire institution because of the relatively great cost of providing a credit in nursing. Presently, the extent of the cost of nursing instruction may not appear to be relatively costly in associate degree nursing programs, because many programs in the region are receiving financial assistance from a private philanthropic foundation.

The estimates indicate that of the students in the three types of programs, the student in a baccalaureate program is most apt to need financial assistance, because she pays for the greatest portion of the cost of her program. The foregoing estimate of baccalaureate programs' costs was greatly influenced by financial arrangements in privately supported colleges and universities, which produced the bulk of 1963 baccalaureate graduates in the region. If publically supported colleges and universities become the main source of baccalaureate graduates in nursing, the previous estimate of net expense to the college would be an inappropriate understatement.

The following material includes some of the data on which the foregoing estimates are based. Most of the data are specific examples of costs in nursing programs in the Southern New York Region. In addition to the data that will be cited, the writer had access to and made use of published and unpublished findings of a nationwide study on the cost of nursing education.

Source of Data

The following picture of the cost of professional nursing education in the Southern New York Region is based upon data collected for the National League for Nursing project, Study on Cost of Nursing Education. The study was completed in 1963. Each cost cited here is the result of applying the cost analysis method that was used in the NLN study[1,2] to an institution's (hospital, junior college, or college) fiscal records for one fiscal year.

In the case of diploma programs, the nursing service value of the student's clinical experiences will be cited. The value was determined by the use of a method devised by Lyle Saunders and Irene Murchison to estimate the nursing service value of a student nurse's clinical experiences.[3] The NLN study did not equate a dollar derived by the Saunders-Murchison estimates with a dollar that resulted from a cost analysis. The lack of proven comparability between a dollar of costs and a dollar of value is a limitation of one of the operations used in this report.

When the Saunders-Murchison estimate showed that the student nurse was of nursing service value to the hospital used for clinical experience, this revelation was not interpreted as being an indication that the purpose of the experience was that of providing the hospital with nursing service. The method of estimate was designed to be used for a nursing program in which the only objective of clinical experiences

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[1] Harold R. Rowe and Hessel H. Flitter. Study on Cost of Nursing Education, Part I. Cost of Basic Diploma Programs. New York, National League for Nursing, 1964, pp. 3-8.

[2] Ibid., Part II. Cost of Basic Baccalaureate and Associate Degree Programs. New York, National League for Nursing, 1964, pp. 3-10.

[3] Leslie V. Knott and others. Cost Analysis for Collegiate Programs in Nursing, Part II, Current Income and Other Sources. New York, National League for Nursing, 1957, pp. 21 ff.

3

was that of education. If the experiences were concomitantly of value to the hospital's nursing service department, any such value was looked upon as a coincidence that need not have had any relationship to the educative process.

The costs and values cited here pertain to and are limited to costs or values to the institution that had administrative control of the educational program in nursing. The cost of a baccalaureate program is the cost to the college; the cost of an associate degree program is the cost to the junior college; and the cost to a diploma program is the cost to the hospital. It is true that students in nursing programs leading to an associate degree or a baccalaureate degree have clinical experiences in hospitals, as do students in diploma programs, but the financial involvement of a hospital in a baccalaureate degree program or an associate degree program is comparatively negligible. The 4 diploma programs referred to below were typical of the 126 studied in that they were under the administrative control of a hospital that provided financial support for both the student's education and her maintenance.

Cost of Diploma Programs

The NLN study included cost analyses of 126 hospital-supported diploma programs in nursing. Four of the programs were in the Southern New York Region. The 4 programs will be referred to here by name of the county in which each is located, respectively, New York, Queens, Kings, and Dutchess. None of the 4 programs was markedly atypical in any of the variables considered in the study. Each program had an enrollment that ranked in the middle third of enrollment sizes throughout the country at the time of the study. The largest enrollment (117) occurred in the program in Kings County; the smallest (87), in the New York County program. Enrollment in the Dutchess County and the Queens County programs was 90 and 94, respectively. Each program covered 3 school years of 48 weeks each. In each program, psychiatric nursing was given during the second or the third year by affiliation with a state mental hospital. Except for psychiatric nursing and a four-week course in communicable disease nursing given by an affiliate of the Kings County program, all other courses were given in the supporting hospital. As one would expect, the program in Kings County had the least number of average weeks per student per year (41.1 weeks) spent in the controlling hospital. Similar averages for the programs in Dutchess, Queens, and New York counties were 43.0, 44.9, and 46.3 weeks, respectively. The average weeks differed among the last 3 programs in line with differing rates of dropouts that affected the number of students who completed the program to the point of psychiatric affiliation. Dropout rates, number and length of affiliations, and length of school year varied to such a degree in the national sample that the NLN study limited its comparisons of costs among programs to comparison of the cost per student-week. The 4 programs cited here, however, were sufficiently similar to permit comparisons using additional units of cost.

The costs per student-week in each of the 4 Southern New York programs are shown in Table 8. The cost is broken down into the cost of instruction per se (the cost of items such as teachers' salaries, classrooms, teaching supplies, and library) and the cost of maintenance (the cost of items such as the student's residence, linen service, and meals).

Table 8. Costs in Four Southern New York Hospital (Diploma) Programs

Type of Cost	Cost per Student per Week			
	Dutchess County	Kings County	New York County	Queens County
Instructional	$21.90	$23.80	$27.04	$22.42
Maintenance	36.29	32.25	33.81	42.49
Total	$58.19	$56.05	$60.85	$64.91

Instructional cost varied little among the 4 programs. The highest instructional cost was approximately $5 more per week than the lowest instructional cost. Considerable variation in instructional cost occurred in the nationwide sample of programs. In one of these programs, instructional costs were slightly less than $12 per student per week; in another, they were slightly over $63 per student per week. The 4 Southern New York programs showed greatest variation in the cost of maintenance. The cost of maintenance in the Queens County program exceeded that in the Kings County program by $10 per student per week. In the national sample of programs, the amount of variation in maintenance cost was not as great as the amount of variation in instructional cost. Each of the Southern New York programs was above the national median maintenance cost. The percentile ranks[1] of the 4 programs for both types of cost and for the total cost are shown in Table 9.

Table 9. Percentile Ranks of Costs per Student-Week in Four Southern New York Hospital (Diploma) Programs

Type of Cost	Percentile			
	Dutchess County	Kings County	New York County	Queens County
Instructional	42nd	53rd	70th	44th
Maintenance	70th	52nd	57th	86th
Total	58th	53rd	67th	77th

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[1] Percentiles and costs are related directly in magnitude. The program with the highest cost stood at the 99th percentile.

To the degree that costs in diploma programs in the region appeared to differ from those in the country as a whole, they differed most in that the supporting hospitals spent relatively more money to provide students with board, food, and recreation. The NLN study presented evidence that hospitals that tended to spend relatively more to feed and house the diploma students tended also to spend relatively less to instruct them. There is some indication of this in the percentile ranks shown in Table 9.

Substituting the unit "Cost per Student per Year" for the previously used unit "Cost per Student per Week" does not change the relative standings in total cost of the 4 Southern New York programs. Because of different average numbers of weeks per student in the supporting hospital during the year, substituting cost per year for cost per week causes a slight change in relative standing of the 4 programs in cost of instruction and in cost of maintenance when the two items of cost are considered separately. Yearly cost of these items appear in Table 10.

In the Southern New York Region and throughout the country, tuition and fees paid by students in diploma programs in nursing covered only a minute portion of the gross cost of instruction and maintenance. The typical school in the nationwide sample collected no fees from students that were identified as being intended to defray the cost of maintenance. None of the 4 Southern New York programs had fees that were credited to maintenance. When any and all income earmarked for the diploma nursing program was credited to that account, the remaining portion of the cost that had to be met by the supporting hospital ranged between 92 and 98 percent of the original gross cost. The percentages of gross costs borne by the supporting hospitals in Dutchess, Kings, New York, and Queens counties were 92 percent, 94 percent, 98 percent, and 95 percent, respectively. In none of the 4 hospitals was the year's income from student fees as great as it would have been if each student had paid full tuition. That is, the actual income was less than the result of multiplying the number of students by the yearly tuition charge that appeared in the school catalogue. The published tuition charges for the entire three-year programs in Dutchess, Kings, New York, and Queens counties were $525, $350, $200, and $450, respectively.

Table 10. Costs per Student-Year in Four Southern
New York Hospital (Diploma) Programs

Type of Cost	Cost per Student per Year			
	Dutchess County	Kings County	New York County	Queens County
Instructional	$ 942	$ 980	$1,253	$1,007
Maintenance	1,560	1,327	1,566	1,909
Total	$2,502	$2,307	$2,819	$2,916

A study of each of the 4 programs was done to determine the monetary value of the students' educational experiences to the nursing service department of the hospital. The resulting values for students in each of the 4 programs are expressed in Table 11 in units of value per student per week and per year.

Table 11. Value of Students' Clinical Experiences to Nursing
Services of Four Southern New York Hospitals

Unit of Value	Value of Student			
	Dutchess County	Kings County	New York County	Queens County
Per week	$18.18	$17.27	$ 8.86	$18.58
Per year	781.74	710.83	410.48	834.80

The 4 programs varied more in value of students' learning experiences than they did in the cost of providing instruction or maintenance separately or combined. In standing in value per student per week, the program in New York County ranked in the 18th percentile nationally, and the program in Queens County ranked in the 86th percentile. The programs in Dutchess County and Kings County ranked in the 75th and 72nd percentiles, respectively. Evidence collected in the study indicated that the director and the faculty of the program in New York County spent more time in curriculum planning and evaluation than did the directors and the faculties of the 3 remaining programs. The New York County program led the other 3 in number of faculty hours per student and in the percentage of full-time faculty members holding a masters degree. Not only did the hospital spend more per student for instruction but a relatively higher percentage of instructional expenditures went for teachers' salaries. Values of student services in the New York County program were atypically low for NLN Region I, which consists of New York and 10 other North Atlantic states. Generally, the value of student services in Region I was higher than that of the country as a whole. The educational experiences in the New York County program were relatively costly in two ways: (1) relatively higher instructional costs and (2) relatively lower nursing service value.

Keeping in mind the previously cited reservations, one can approximate the cost to the hospital per student per year by subtracting from the gross cost both the income from tuition and fees and the value of the student to nursing service. The results of doing so for the 4 Southern New York programs appear in Table 12.

Table 12. Annual Cost of Nursing Education per Student in Four Southern New York Hospital (Diploma) Programs

Type of Cost	Cost per Student per Year			
	Dutchess County	Kings County	New York County	Queens County
Gross cost	$2,502	$2,307	$2,819	$2,916
Gross cost less tuition and fees	2,300	2,162	2,765	2,761
Gross cost less tuition, fees, and nursing service values	1,518	1,451	2,355	1,926

The cost picture of 4 programs indicates that the uncompensated cost to the hospital for graduating one student from a three-year diploma program ranged from $4,353 to $7,065.

Cost of Associate Degree Program

The NLN study included one associate degree program in professional nursing in the Southern New York Region. In many respects, the program was typical of the national sample of such programs. It was conducted by a community junior college and was located in a town with a population of 20,000 to 30,000. The enrollment (60 students) was near the median for all such programs studied.

The two-year program consisted of 30 credits of general education and 34 credits of nursing. The average cost of a nursing credit was $49.62, which was near the national median for such costs, and the average cost of a general credit was $22.82, which was one decile above the national median for such costs. The yearly cost to the college for nursing instruction was $744 per student enrolled. The cost of the nursing students' instruction in general education was $336 per student enrolled. The percentage of the cost of all instruction given to nursing students that resulted from the cost of nursing instruction was 68.9 percent, which was near the median for such percentages.

The computed gross cost of all credits required for graduation from the program was $2,372 per student. The published statement of tuition and instructional fees for the two-year nursing program indicated a total cost to the student of $500. Presumably, the uncompensated cost to the community college for graduating a student from the associate degree program was $1,872.

All students in the nursing program either lived at home and commuted to school or made their own arrangements for purchasing room and board in the community.

Cost of a Baccalaureate Degree Program

The NLN study included one basic baccalaureate program in professional nursing in the Southern New York Region. In the nationwide sample, there was much greater variation in costs and between items of cost of baccalaureate programs than there was variation in costs and between items of cost of associate degree programs. The Southern New York program was offered by a privately supported college that utilized two teaching centers for the nursing program. Most of the instruction was given in a teaching center that was in a densely populated metropolitan area.

The number of students enrolled in the program (137) ranged two deciles above the median enrollment for such programs.

The four-year program consisted of 74 credits in nursing and 57 credits in general education. The average cost of a nursing credit was $55.18 and that of a general education credit was $29.87. Among 20 comparable programs in the national study, the Southern New York program ranked 7 (third decile) in cost per nursing credit and 18 (eighth decile) in cost per general education credit. These rankings indicate that the cost of a nursing credit was lower for the region than one would predict if only the cost of a general education credit were known. However, the cost to the college for nursing instruction per student per year ($1,105) was above the national median for such costs. The program's standing in cost of nursing instruction per student was influenced by two factors in addition to credit costs: (1) most of the other baccalaureate programs studied required relatively fewer nursing credits and relatively more general education credits for graduation, and (2) unlike the typical baccalaureate program, the students in the New York program took more nursing credits during the year than the catalogue indicated they were required to take (20.2 per student versus 18.5 per student). The cost to the college of the nursing students' instruction in general education was $538 per student enrolled. The cost of nursing instruction made up 67.2 percent of the cost of all the year's instruction to nursing students. In this respect, the program was typical of all such programs studied; the national median percentage was 65.6 percent.

The computed gross cost of all credits required for graduation from the program was $5,697 per student. The published statement of tuition and instructional fees for the four-year program indicated a total cost to the student of $5,200. Presumably, the uncompensated cost to the college for graduating a student from the baccalaureate degree program was $497.

The student lived in the college dormitories throughout the program except during the 24 weeks of her clinical experience, when she lived at the cooperating hospital. The student paid the college $2,870 for room and board for the entire program.

APPENDIX V

Questions for Consideration by Institutions Contemplating the Establishment of New Nursing Programs, or the Expansion of Present Programs

The problems facing nursing education in the region indicate the inseparability of nursing education and nursing service and that solutions to them will necessarily involve not only those who make decisions about nursing service and nursing education but representatives of the community as a whole.

Since it is essential that the supply of nurses graduating from programs in the Southern New York Region be increased at the same time that the quality of the programs is maintained or improved, the following questions merit consideration by: (a) institutions contemplating the development of new nursing programs, (b) institutions contemplating the expansion of present programs.

I. The Establishment of a Collegiate Nursing Program

In surveying resources and estimating the costs of establishing a nursing program, the college administrator should ask the following questions with respect to student potential, faculty personnel and physical facilities:

A. What is the student potential of women and men who are intellectually able and interested in professional education for nursing?

B. What new pre-professional courses must be offered? (human physiology, anatomy, nutrition, etc.)

C. Can "X" number of students be accommodated in the existing sections of liberal arts and pre-professional courses? (history, humanities, psychology, chemistry, dietetics, etc.) If not, what additional faculty and facilities (both classroom and laboratories) will be needed?

D. Can the additional load of "X" number of students be absorbed with the present staffing of each of the various student personnel services? (Counseling, admissions, health, housing, food, recreation, etc.)

E. How adequately can the library accommodate the addition of "X" number of students and faculty? What type of services and accessions will be required by the nursing program?

F. What changes of physical plant will be needed to provide the nursing program with an administrative unit, faculty offices, conference or seminar rooms, special classrooms, laboratories or demonstration units?

G. How many faculty members will be needed initially to develop the curriculum and implement the program? How many additional faculty members will be needed to provide adequate instruction for the increased enrollments anticipated after the first two to three years?

H. What are potential resources for candidates for the deanship and other nurse faculty positions?

I. How will the salaries of nurse faculty members compare with those of faculty members teaching mathematics, science, English or history?

J. What clinical resources are available within the community? What types of student experience must be obtained elsewhere and how will this affect the scheduling of classes? the budget needed for faculty and student transportation?

K. If the college is located at some distance from adequate clinical resources, should it attempt to offer a nursing program? What demands are placed on faculty and students that are unlike those for other faculty and students, of the college? What is the responsibility of the college, the community for providing or arranging for public transportation or transportation to clinical areas?

Although each of the foregoing questions needs to be answered by the institution, valuable assistance can be obtained from other administrators and from nursing consultants.

II. The Recruitment of Students and Retention of Graduates

A. What are the recruitment and selection practices of the institution?

B. Are students, parents, counselors, and others in the community adequately informed of the length of the program, the clinical resources, the nature of the program, and advanced preparation required for positions in teaching, administration, supervision, consultation, and research?

C. Do the recruitment materials make it quite clear that the diploma or associate degree programs in nursing will not be accepted by senior colleges and universities as the equivalent of the first two years of a baccalaureate program in nursing?

D. Do the recruitment materials reach both high school and college students? Do they stress nursing as a professional career for men and women. Do the materials emphasize that the baccalaureate programs is the most direct route to admission to graduate programs that offer preparation for administration, clinical specialization, teaching, research and consultation and the opportunity for scholarly activities in competition with students in other disciplines?

E. Has the number of students admitted to and graduated from the program increased, decreased, or remained constant over the past five years.

F. Are the students admitted to the program as "well qualified" as those admitted five years ago?

G. Would the students currently enrolled in the diploma program be qualified for admission to a community college program? To a senior college or university program?

H. What proportion of the cost of the program is borne by the student, the public, the institution?

I. Will the nursing care of patients, the working conditions, salaries, and the fringe benefits offered in the Southern New York region make nursing attractive to students who desire a professional career?

J. What proportion of the graduates practice nursing in the community immediately following graduation? Two to five years after graduation?

K. What proportion of students enter baccalaureate programs in nursing, masters programs in nursing, within three years of graduation?

L. If the state hospitals continue to offer diploma programs in nursing, what information should be widely disseminated regarding these programs? (E.g., number and length of affiliations, attrition, cost to the public.) What audiences need this information? (E.g., high school students, parents, counselors, doctors, junior and senior colleges, community planning groups.)

III. The Faculty of the School of Nursing

A. Are the nurse faculty members who are teaching these students as well qualified as other teachers of undergraduate students?

B. Is the recruitment of qualified faculty becoming more or less difficult?

C. Is the educational preparation of the faculty currently employed better than that of the faculty employed five years ago?

D. Is the schedule for nurse faculty and students similar to or quite unlike that for other faculty and students in the college (i.e., hours of class work, clinical experience, and travel)?

E. What proportion of the faculty have had their preparation for teaching in the metropolitan New York area? Is this proportion similar to or unlike that for other faculty of the college? Is the proportion so high that "inbreeding" will be or is deleterious to the program?

F. If the sciences are taught by nurse faculty employed by the school of nursing:

a. Could students enroll in junior or senior colleges for both the natural and the social sciences, take the usual courses offered by the college, and receive credit for these courses?
b. If nurse faculty members are teaching these courses, could they then be released for other teaching? For advanced preparation in clinical nursing? For nursing service?

G. Do nurse faculty members and students in collegiate programs participate in college activities to the same extent as do other faculty members and students? (The question is raised inasmuch as many faculty expressed the need for opportunity to exchange ideas with other faculty teaching in the college and students emphasized the overly long and heavy schedules of class work, clinical practice, and travel.)

H. What proportion of the faculty teaching in these programs are engaged in studies of clinical nursing problems? Are completing their work for a doctorate? Are encouraged to seek exchange professorships?

I. What incentives are offered that would encourage faculty to obtain additional preparation for their jobs? Have faculty who left to obtain advanced preparation returned? If not, where are they currently employed?

IV. The Clinical Experience

A. Are the clinical resources of the hospitals being judiciously used? How time-consuming and costly is it for administrative personnel and staff of the colleges and hospitals to enter into multiple agreements for use of facilities, to orient (and reorient) nursing service personnel and faculty to the objectives of the hospital and the college and to the programs for patient care and student instruction?

B. To what extent are faculty members and students a part of the college when the clinical practice and the time for travel to the clinical areas make longer schedules than those required of other faculty and students in the college?

C. Do differences exist between student and faculty perceptions of the reasons for student withdrawals? If so, is the quality of nursing care practiced in the hospitals used for student experience such that students are not only disillusioned with nursing but also unwilling to seek employment in these hospitals after graduation?

D. What are the relationships between nursing education and nursing service personnel in the hospitals and community health agencies used for student experience and to what extent do these attitudes influence student attitudes with respect to employment after graduation?

E. What proportion of nursing service personnel in the institutions used for student experience have had advanced preparation for their jobs? What proportion are currently on "educational leave"? What incentives that would encourage personnel to obtain additional preparation are offered by the hospitals and agencies in the community?

F. Are there community colleges or senior colleges nearby that could use the clinical resources of the hospital and that might attract larger numbers of students than does the present diploma program?

APPENDIX VI A

INITIAL PROFESSIONAL PROGRAMS IN NURSING

SOUTHERN NEW YORK REGION

I. DIPLOMA (HOSPITAL) NURSING PROGRAMS*	Map Code Number of Nursing School
Bellevue and Mills Schools, Division of Nursing of New York University School of Medicine, Manhattan	1
Benedictine Hospital, Kingston, Ulster County	2
Beth Israel Medical Center, Manhattan	3
Brooklyn Hospital, Brooklyn	4
Brooklyn State Hospital, Brooklyn	5
Central Islip State Hospital, Central Islip, Suffolk County	6
Cochran School, St. John's Riverside Hospital, Yonkers Westchester County	7
Creedmoor State Hospital, Queens Village, Queens County	8
Flushing Hospital & Medical Center, Flushing, Queens County	9
Harlem Hospital, Manhattan	10
Harlem Valley State Hospital, Wingdale, Dutchess County	11
Helene Fuld School of Registered Nursing of the Hospital for Joint Diseases, Manhattan	12
Hudson River State Hospital, Poughkeepsie, Dutchess County	13
Jewish Hospital of Brooklyn, Brooklyn	14
Kings County Hospital Center, Brooklyn	15
Kings Park State Hospital, Kings Park, Suffolk County	16
Kingston Hospital, Kingston, Ulster County	17
Lenox Hill Hospital, Manhattan	18

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*Two schools included in the study graduated their last classes prior to October 15, 1965 and are now closed. These schools are not included in the list.

	Map Code Number of Nursing School
Long Island College Hospital, Brooklyn	19
Manhattan State Hospital, Wards Island, Manhattan	20
Mary Immaculate Hospital, Jamaica, Queens County	21
Methodist Hospital of Brooklyn, Brooklyn	22
Middletown State Hospital, Middletown, Orange County	23
Misericordia Hospital, Bronx	24
Mount Sinai Hospital, Manhattan	25
Mt. Vernon Hospital, Mt. Vernon, Westchester County	26
New Rochelle Hospital, New Rochelle, Westchester County	27
Pilgrim State Hospital, West Brentwood, Suffolk County	28
Queens Hospital Center, Jamaica, Queens County	29
Rockland State Hospital, Suffern, Rockland County	30
Roosevelt Hospital, Manhattan	31
St. Clare's Hospital, Manhattan	32
St. Francis Hospital, Poughkeepsie, Dutchess County	33
St. John's Episcopal Hospital, Brooklyn	34
St. John's Queens Hospital, Long Island City, Queens County	35
St. Luke's Hospital, Manhattan	36
St. Mary's Hospital, Brooklyn	37
St. Vincent's Hospital and Medical Center of New York, Manhattan	38
St. Vincent's Hospital, Staten Island	39
Suffolk School of Southampton Hospital, Southampton, Suffolk County	40
Vassar Brothers Hospital, Poughkeepsie, Dutchess County	41
Westchester School, Grasslands Hospital, Valhalla, Westchester County	42

	Map Code Number of Nursing School
White Plains Hospital, White Plains, Westchester County	43

II. BACCALAUREATE NURSING PROGRAMS

Adelphi University, Garden City, Nassau County	44
Columbia University (College of Physicians and Surgeons), Faculty of Medicine, Manhattan	45
Cornell University, New York Hospital, Manhattan	46
Hunter College, City University of New York, Manhattan	47
Long Island University, Brooklyn	48
New York Medical College, Graduate School of Nursing*, Manhattan	49
New York University, Manhattan	50
Skidmore College, Irene Ward McClellan Department**, Manhattan	51
Wagner College, Staten Island	52

III. ASSOCIATE DEGREE PROGRAMS

Bronx Community College, Bronx	53
Brooklyn College, Division of Nursing Science, Brooklyn	54
Dutchess Community College, Poughkeepsie, Dutchess County	55
Kingsborough Community College of the City University of New York, Brooklyn	56
Mt. St. Mary College, Newburgh, Orange County	57
Nassau Community College, Garden City, Nassau County	58
New York City Community College of Applied Arts and Sciences, Brooklyn	59

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*Program preparing for the initial practice of professional nursing at the masters level.

**Skidmore College located at Saratoga Springs.

	Map Code Number of Nursing School
Orange County Community College, Middletown, Orange County	60
Queens College, Flushing, Queens County	61
Rockland Community College, Suffern, Rockland County	62
State University of New York Agricultural and Technical College of Farmingdale, Nassau County	63
Staten Island Community College, Staten Island	64
Suffolk County Community College, Selden, Suffolk County	65

APPENDIX VI B

INSTITUTIONS USED FOR STUDENT EXPERIENCES BY SCHOOLS OF NURSING

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
1	Bellevue Hospital, Manhattan	1
2	Benedictine Hospital, Kingston, Ulster County	2
3	Beth Israel Medical Center, Manhattan	3, 50
4	Bird S. Coler Hospital, Welfare Island, Manhattan	47, 49
5	Booth Memorial Hospital, Flushing, Queens County	61
6	Bronx Municipal Hospital Center, Bronx	10, 29, 53
7	Brookdale Hospital Center, Brooklyn	56, 59
8	Brookhaven Memorial Hospital, East Patchogue, Suffolk County	65
9	Brooklyn Hospital, Brooklyn	4, 48
10	Brooklyn State Hospital, Brooklyn	5, 32, 34, 40
11	Central Islip State Hospital, Central Islip, Suffolk County	3, 6, 14, 32, 34 35, 65
12	Children's Hospital, Buffalo, Erie County	17
13	City Hospital at Elmhurst, Queens County	5
14	Columbia Presbyterian Medical Center, Manhattan	43, 45
15	Coney Island Hospital, Brooklyn	54, 56
16	Creedmoor State Hospital, Queens Village, Queens County	8, 9, 21, 26, 44, 52
17	Cumberland Hospital, Brooklyn	48, 59
18	Elmwood Manor, Maretta, Rockland County	62

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
19	Flower and Fifth Avenue Hospitals, Manhattan	49
20	Flushing Hospital and Medical Center, Flushing, Queens County	9, 61
21	Francis Delafield Hospital, Manhattan	61
22	Community Hospital at Glen Cove, Glen Cove, Nassau County	58
23	Goldwater Memorial Hospital, Welfare Island, Manhattan	46
24	Goshen Hospital (Arden Hill Hospital), Goshen, Orange County	60
25	Good Samaritan Hospital, Suffern, Rockland County	62
26	Good Samaritan Hospital, West Islip Suffolk County	6
27	Gouverneur Hospital, Outpatient Service, Manhattan	50
28	Gowanda State Hospital, Cattaraugus County	26
29	Grasslands Hospital, Valhalla, Westchester County	42
30	Harlem Hospital, Manhattan	10
31	Harlem Valley State Hospital, Wingdale, Dutchess County	11
32	Highland Hospital, Beacon, Dutchess County	13
33	Hillside Hospital, Glen Oaks, Queens County	44, 61
34	Horton Memorial (Elizabeth A. Horton Memorial) Hospital, Middletown, Orange County	60
35	Hospital for Joint Diseases, Manhattan	12

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
36	Hudson River State Hospital, Poughkeepsie, Dutchess County	13, 17, 41, 55
37	Huntington Hospital, Huntington, Suffolk County	8, 16
38	James Ewing Hospital, Manhattan	47
39	Jewish Chronic Disease Hospital, Brooklyn	59
40	Jewish Hospital, Brooklyn	12, 14
41	Kings County Medical Center, Brooklyn	5, 11, 13, 14, 15, 26, 29, 54
42	Kings Park State Hospital, Suffolk County	4, 14, 16, 34
43	Kingston Hospital, Kingston, Ulster County	17
44	Lenox Hill Hospital, Manhattan	18
45	Long Island College Hospital, Brooklyn	19
46	Long Island Jewish Hospital, New Hyde Park, Queens County	8, 16, 44, 61
47	Maimonides Hospital, Brooklyn	54, 56
48	Manhattan State Hospital, Wards Island, Manhattan	12, 19, 20, 47, 59
49	Margaret Hague Maternity Center, Jersey City, New Jersey	35, 40
50	Mary Immaculate Hospital, Jamaica, Queens County	21
51	Mather (John T. Mather) Memorial Hospital, Port Jefferson, Suffolk County	65
52	Meadowbrook Hospital, East Meadow, Nassau County	44, 58
53	Mercy Hospital, Garden City, Nassau County	63

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
54	Methodist Hospital, Brooklyn	22
55	Metropolitan Hospital, Manhattan	47, 49
56	Middletown State Hospital, Middletown, Orange County	22, 23, 57, 60
57	Misericordia Hospital, Bronx	24
58	Montefiore Hospital, Bronx	53
59	Morrisania Hospital, Bronx	11, 13, 23, 40, 42
60	Mount Sinai Hospital, Manhattan	25, 28
61	Mt. Vernon Hospital, Mt. Vernon, Westchester County	26
62	Nassau Hospital, Mineola, Nassau County	44
63	New Rochelle Hospital, New Rochelle, Westchester County	27
64	New York Hospital, Westchester Division, White Plains, Westchester County	7, 18, 27, 36, 43
65	New York Hospital, Cornell Medical Center Manhattan	46
66	New York Infirmary, Manhattan	50, 51
67	New York State Rehabilitation Hospital, West Haverstraw, Rockland County	13, 30, 62
68	Newark City Hospital, Newark, New Jersey	42
69	Newburgh Home and Infirmary, Orange County	57
70	North Shore Hospital, Manhasset, Nassau County	44
71	Nyack Hospital, Nyack, Rockland County	30
72	Orange Farms Infirmary, Goshen, Orange County	60

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
73	Patterson (A. Holly Patterson) Home, Uniondale, Nassau County	44
74	Pilgrim State Hospital, West Brentwood, Suffolk County	28
75	Poughkeepsie City Infirmary, Poughkeepsie, Dutchess County	55
76	Queens Hospital Center, Jamaica, Queens County	6, 8, 16, 20, 29, 61
77	Rockland State Hospital, Orangeburg, Rockland County	30, 62
78	Roosevelt Hospital, Manhattan	31
79	St. Charles Hospital, Port Jefferson, Suffolk County	65
80	St. Clare's Hospital, Manhattan	32
81	St. Francis Hospital, Poughkeepsie, Dutchess County	33, 55
82	St. John's Episcopal Hospital, Brooklyn	34
83	St. John's Queens Hospital, Kew Gardens, Queens County	35
84	St. John's Riverside Hospital, Yonkers, Westchester County	7
85	St. Joseph's Hospital, Syracuse, Ondondaga County	2
86	St. Luke's Hospital, Manhattan	36
87	St. Luke's Hospital, Newburgh, Orange County	57, 60
88	St. Mary's Hospital, Brooklyn	37
89	St. Vincent's Hospital, Westchester Division, Westchester County	2, 33, 38, 39

Map Code Number of Hospital Used for Student Experience		Map Code Number of Nursing School
90	St. Vincent's Hospital and Medical Center of New York, Manhattan	24, 38, 39
*		
92	St. Vincent's Hospital, Staten Island	39
93	Sea View Hospital, Staten Island	39
94	Southampton Hospital, Southampton, Suffolk County	40
95	Southside Hospital, Bay Shore, Suffolk County	63
96	Staten Island Hospital, Staten Island	52
97	Suffolk County Home & Infirmary, Yaphank, Suffolk County	65
98	U.S. Public Health Service Hospital, S. I.	64
99	University Hospital, Manhattan	50, 51
100	Vassar Brothers Hospital, Poughkeepsie, Dutchess County	41, 55
101	Veterans Administration Hospital, Bronx	53
102	Veterans Administration Hospital, Brooklyn	48
103	Veterans Administration Hospital, Manhattan	50, 51
104	Veterans Administration Hospital, Northport, Suffolk County	44, 58, 63
105	White Plains Hospital, White Plains, Westchester County	43
106	Willowbrook State School, Willowbrook, Staten Island	20, 23, 30

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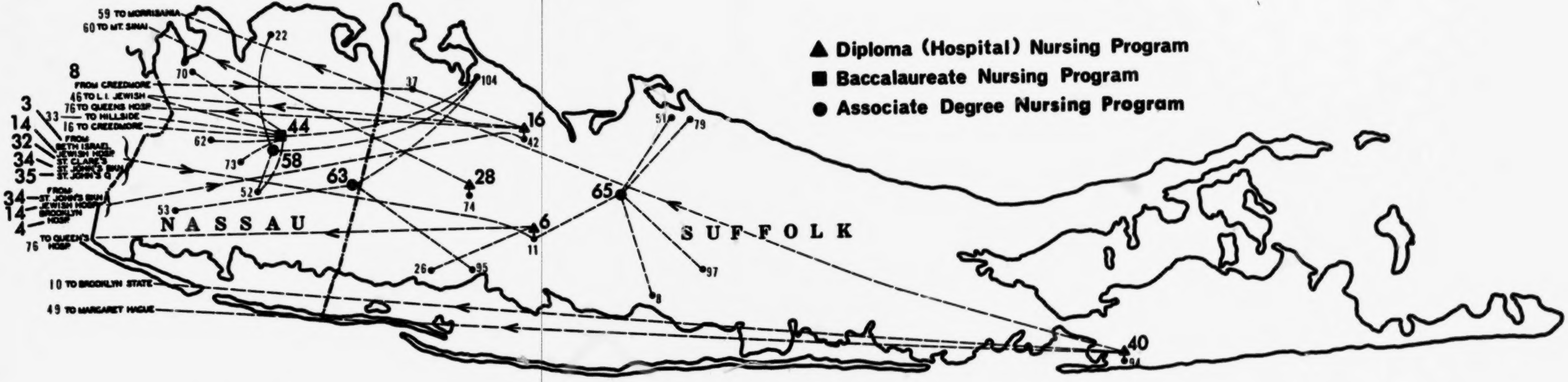
*Number 91 does not appear on map.

PROFESSIONAL PROGRAMS IN NURSING AND THE INSTITUTIONS USED FOR STUDENT EXPERIENCE IN THE LONG ISLAND AREA


▲ Diploma (Hospital) Nursing Program
■ Baccalaureate Nursing Program
● Associate Degree Nursing Program
59 TO MORRISANIA
60 TO MT. SINAI
8
FROM CREEDMORE
46 TO L. I. JEWISH
76 TO QUEENS HOSP.
33 — TO HILLSIDE
16 TO CREEDMORE
3
14
32
34
35
FROM
BETH ISRAEL
JEWISH HOSP.
ST. CLARE'S
ST. JOHN'S BKN
ST. JOHN'S Q
34
14
4
FROM
ST. JOHN'S BKN
JEWISH HOSP
BROOKLYN HOSP
76 TO QUEEN'S HOSP
10 TO BROOKLYN STATE
49 TO MARGARET HAGUE
22
70
37
104
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NASSAU
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95
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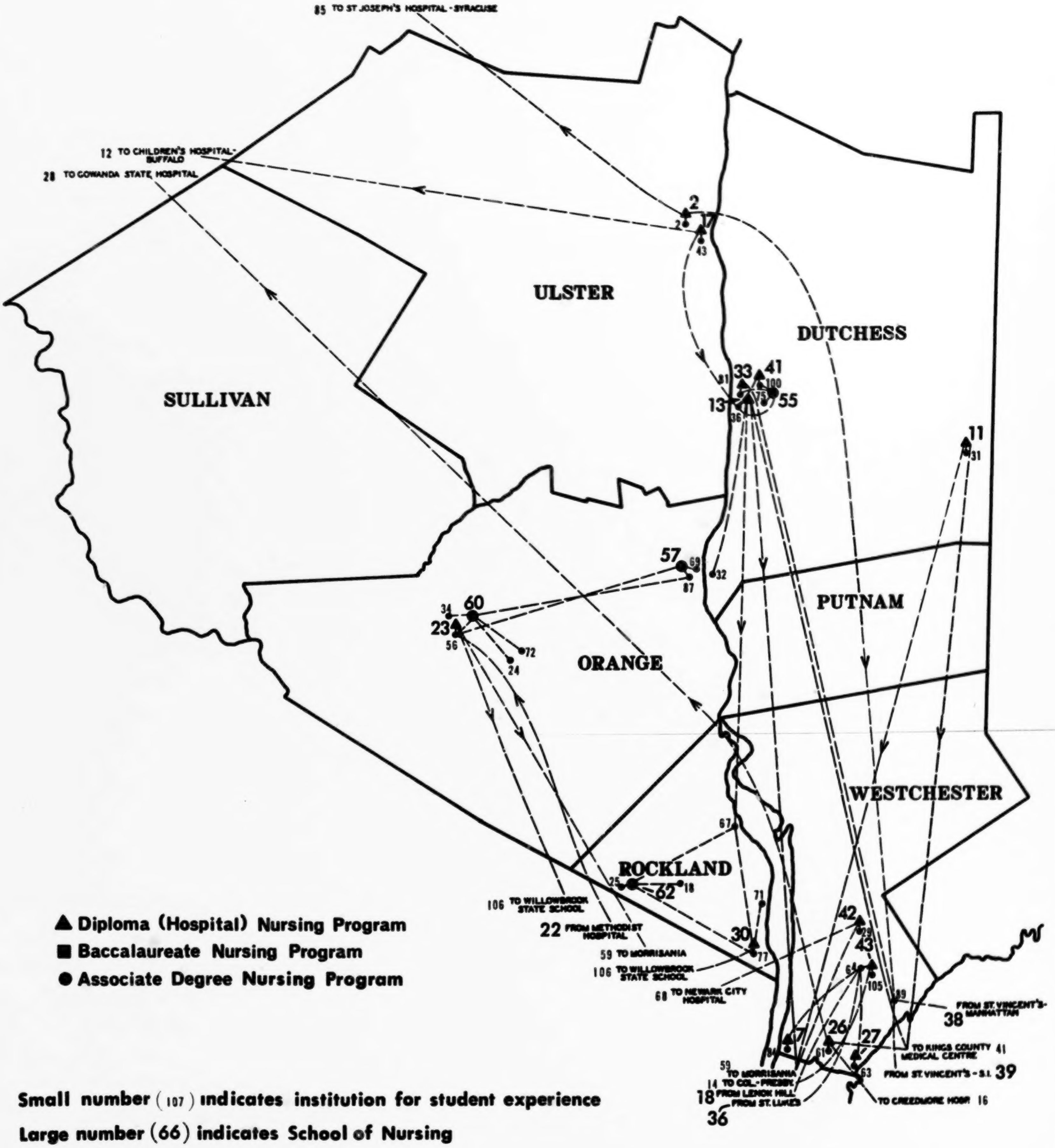
97
8
SUFFOLK
40
94

Small number (107) indicates institution for student experience

Large number (66) indicates School of Nursing

PROFESSIONAL PROGRAMS IN NURSING AND THE INSTITUTIONS USED FOR STUDENT EXPERIENCE IN THE NORTHERN METROPOLITAN AREA


85 TO ST JOSEPH'S HOSPITAL - SYRACUSE
12 TO CHILDREN'S HOSPITAL-BUFFALO
28 TO GOWANDA STATE HOSPITAL
ULSTER
SULLIVAN
DUTCHESS
PUTNAM
ORANGE
WESTCHESTER
ROCKLAND
2
17
2
43
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81
100
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75
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67
25
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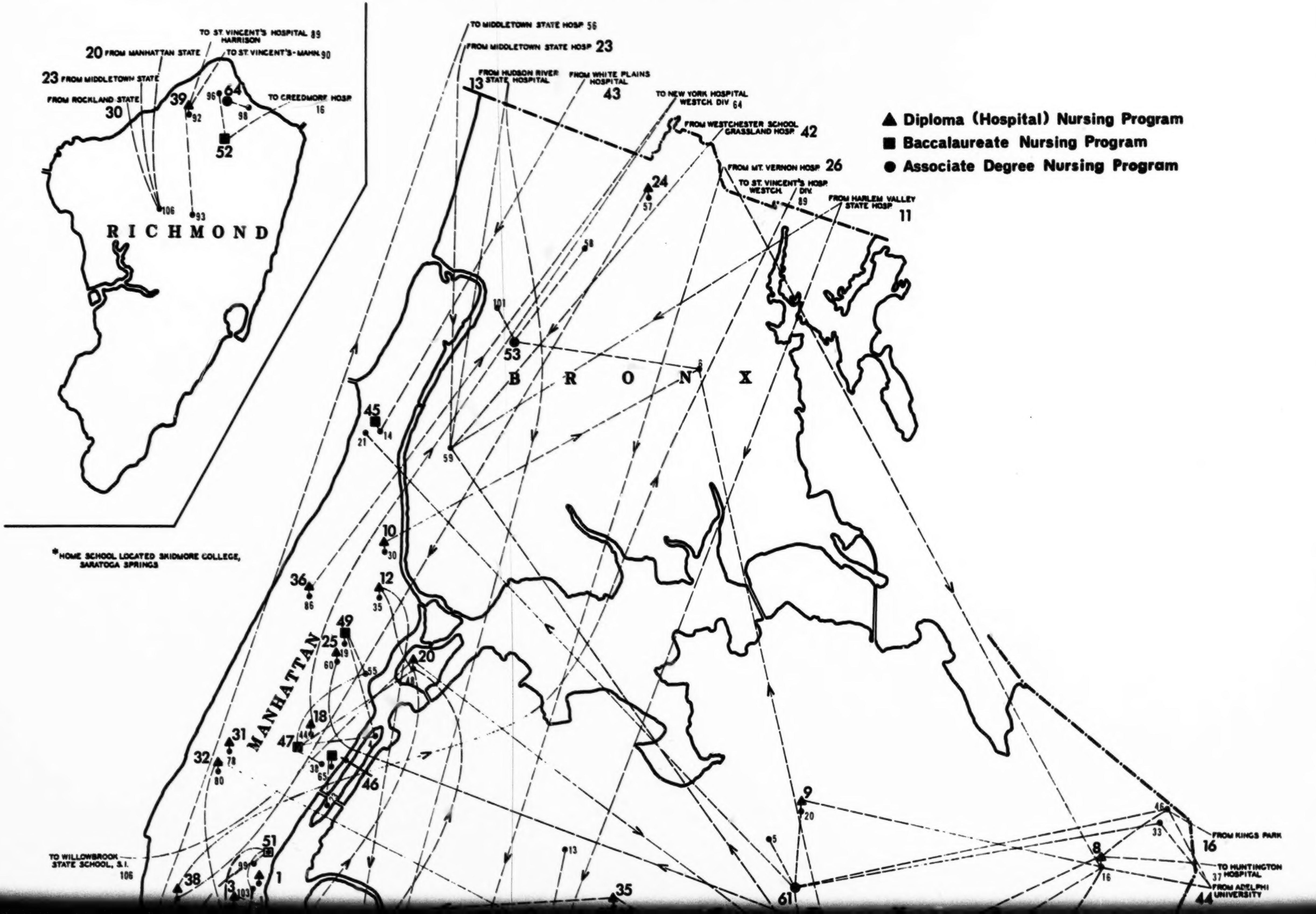
18
71
106 TO WILLOWBROOK STATE SCHOOL
22 FROM METHODIST HOSPITAL
59 TO MORRISANIA
106 TO WILLOWBROOK STATE SCHOOL
68 TO NEWARK CITY HOSPITAL
30
77
42
29
43
64
105
89
FROM ST. VINCENT'S-MANHATTAN 38
7
26
27
84
61
63
TO KINGS COUNTY MEDICAL CENTRE 41
FROM ST. VINCENT'S - S.I. 39
59 TO MORRISANIA
14 TO COL.-PRESBY.
18 FROM LENOX HILL
FROM ST. LUKES
36
TO CREEDMORE HOSP. 16

▲ Diploma (Hospital) Nursing Program
■ Baccalaureate Nursing Program
● Associate Degree Nursing Program

Small number (107) indicates institution for student experience
Large number (66) indicates School of Nursing

PROFESSIONAL PROGRAMS IN NURSING AND THE INSTITUTIONS USED FOR STUDENT EXPERIENCE IN NEW YORK CITY


▲ Diploma (Hospital) Nursing Program
■ Baccalaureate Nursing Program
● Associate Degree Nursing Program
RICHMOND
BRONX
MANHATTAN
TO ST. VINCENT'S HOSPITAL HARRISON 89
20 FROM MANHATTAN STATE
TO ST. VINCENT'S-MANH. 90
23 FROM MIDDLETOWN STATE
FROM ROCKLAND STATE 30
TO CREEDMORE HOSP. 16
39
64
52
92
96
98
106
93
TO MIDDLETOWN STATE HOSP. 56
FROM MIDDLETOWN STATE HOSP 23
13 FROM HUDSON RIVER STATE HOSPITAL
FROM WHITE PLAINS HOSPITAL 43
TO NEW YORK HOSPITAL WESTCH. DIV 64
FROM WESTCHESTER SCHOOL GRASSLAND HOSP. 42
FROM MT. VERNON HOSP. 26
TO ST. VINCENT'S HOSP. WESTCH. DIV. 89
FROM HARLEM VALLEY STATE HOSP. 11
24
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103
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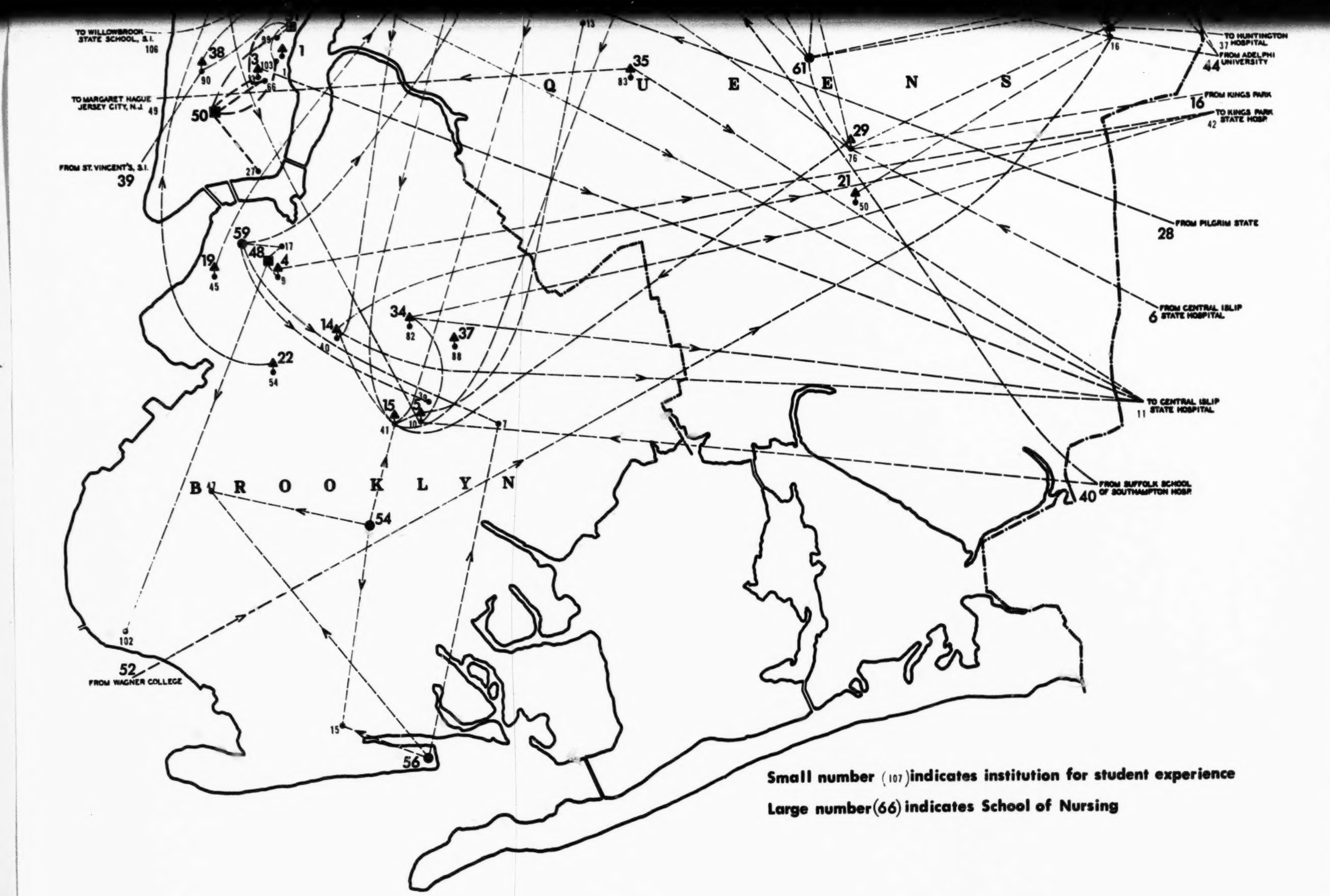
38
35
61
8
16
46
33
TO WILLOWBROOK STATE SCHOOL, S.I. 106
FROM KINGS PARK 16
TO HUNTINGTON HOSPITAL 37
FROM ADELPHI UNIVERSITY 44

*HOME SCHOOL LOCATED SKIDMORE COLLEGE, SARATOGA SPRINGS


TO WILLOWBROOK STATE SCHOOL, S.I. 106
TO MARGARET HAGUE JERSEY CITY, N.J. 49
FROM ST. VINCENT'S, S.I. 39
TO HUNTINGTON HOSPITAL 37
FROM ADELPHI UNIVERSITY 44
FROM KINGS PARK 16
TO KINGS PARK STATE HOSP 42
FROM PILGRIM STATE 28
FROM CENTRAL ISLIP STATE HOSPITAL 6
TO CENTRAL ISLIP STATE HOSPITAL 11
FROM SUFFOLK SCHOOL OF SOUTHAMPTON HOSP 40
FROM WAGNER COLLEGE 52
Q U E E N S
B R O O K L Y N
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102

Small number (107) indicates institution for student experience

Large number (66) indicates School of Nursing

MEMBER ORGANIZATIONS

Associated Hospital Service of New York

Association of Private Hospitals, Inc.

Catholic Charities, Archdiocese of New York

Catholic Charities, Diocese of Brooklyn

Catholic Charities, Diocese of Rockville Centre

Commerce and Industry Association of New York

The Coordinating Council of the First District Branch of the Medical Society of the State of New York

Federation of Jewish Philanthropies of New York

Federation of Protestant Welfare Agencies, Inc.

The Greater New York Fund

Greater New York Hospital Association

The Hospital Association of Southeastern New York

Long Island Federation of Labor AFL-CIO

Nassau-Suffolk Hospital Council, Inc.

The New York Academy of Medicine

New York City Central Labor Council AFL-CIO

State Charities Aid Association

Teamster Joint Council No. 16

United Hospital Fund of New York

Westchester County AFL-CIO Central Labor Body

The Westchester County Association, Inc.

Westchester County Hospital Association

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